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THE WORK OF CHILD-PLACING AGENCIES

U. S. DEPARTMENT OF LABOR
JAMES J. DAVIS, Secretary
CHILDREN'S BUREAU
GRACE ABBOTT, Chief

THE WORK OF CHILD-PLACING AGENCIES

Part I.—A Social Study of Ten Agencies Caring for Dependent Children

By
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AND
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Part II.—Health Supervision of Children Placed in Foster Homes

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LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, October 15, 1926.

SIR: There is transmitted herewith a report on the work of child-placing agencies, which includes in Part I a social study of 10 agencies caring for dependent children and in Part II a study of the health supervision of children placed in foster homes.

The field work for the social study of the child-placing agencies was done by L. Josephine Webster and Katharine P. Hewins during the period from November, 1922, to April, 1923. Miss Hewins wrote the general section of Part I and the individual descriptions of the three Massachusetts agencies; Miss Webster wrote the descriptions of the other seven agencies.

Part II was written by Dr. Mary L. Evans, who also did the field investigations of health supervision. Eight of the agencies included in Part II are the same as those included in Part I; an outline of the two not included in the social study is given in an appendix to the report.

The Children's Bureau is indebted to the Church Home Society for the Care of Children of the Protestant Episcopal Church and the Vermont Children's Aid Society (Inc.) for releasing Miss Hewins and Miss Webster for the work on this report and to the agencies included in the study for making available the information on which the report is based and for reviewing and bringing it up to date.

Respectfully submitted.

GRACE ABBOTT, *Chief.*

HON. JAMES J. DAVIS,
Secretary of Labor.

THE WORK OF CHILD-PLACING AGENCIES

Part I.—A SOCIAL STUDY OF TEN AGENCIES CARING FOR DEPENDENT CHILDREN

INTRODUCTION [1]

PURPOSE AND METHOD OF STUDY

The purpose of this report is to set forth what was actually being done in the field of child placing by 10 representative agencies. The forms of organization, the methods of attaining results, ways and means of support with distribution of costs of the different agencies are outlined.

The material was gathered by means of interviews with the executives and other staff members of the 10 agencies, supplemented by the reading of some 50 records in each agency, one-half of which were selected as illustrative of the work done, the other half being an unselected group of consecutive cases. Committee and staff meetings were attended, and foster homes were visited. Consultations were held with representatives of other agencies in the community.

Throughout the report emphasis has been placed intentionally on the better features of the work of each agency, though reference has been made freely to the poorer work where constructive criticism has been thought possible.

THE 10 AGENCIES STUDIED

Ten private child-caring agencies were selected as illustrating methods employed under different conditions in the New England, Middle Atlantic, Southern, and Middle Western States. Two of the agencies—the Michigan Children's Aid Society and the Children's Home Society of Florida—were state-wide agencies. The Children's Aid Society of Pennsylvania had for its territory the eastern half of the State. The St. Louis Children's Aid Society and the Children's Bureau of Philadelphia practically worked within city limits. The field of the child-caring department of the Society of St. Vincent de Paul of Detroit was the Roman Catholic diocese of Detroit, covering 29 counties in Michigan; in the city of Detroit the society served mainly Catholic children. The Jewish Home-Finding Society of Chicago dealt only with Jewish children of that city. The territories of the three agencies having their headquarters

[1] The agencies included in this study were visited between November, 1922, and April, 1923. The preliminary report was submitted to each of the agencies and the data brought up to date by them in October, 1924. Later changes in organization are noted in text or in footnotes through September, 1926.

in Boston—the Boston Children's Aid Society,[2] the Children's Mission to Children, and the New England Home for Little Wanderers—were less easily defined. The two former served mainly children from Greater Boston and near-by communities, although the Children's Mission rendered aid to a number of children from other parts of Massachusetts and to some from other States. The New England Home for Little Wanderers received children from all over New England, through its central office in Boston and its four branches—two in Maine (at Waterville and Caribou), one in Massachusetts (at Pittsfield), and one in Connecticut (at Bridgeport); the branches practically worked only within their own home counties.

Some of the agencies operated in fields where no public child-placing work had as yet developed, or where there was very little other social-welfare organization. Others worked in highly organized territory and offered opportunities for intensive concentration on selected problems.

The attitude of the agencies was that of cordial reception and a desire to facilitate a searching evaluation of their work. Despite their excellent cooperation the marked differences in statistical methods and terminology among them made an accurate comparison of work or figures practically impossible. Even with the exercise of the greatest care in this matter it is almost certain that errors have occurred.

Uniformity of terminology and accounting is much needed in the field of child placing. A beginning in the matter of a common terminology has been made through the efforts of certain committees, and the following definitions have been adopted from their suggestions for use in this report:

"Child placing" is defined as providing care for any child[3] separated for a long or a short period from his blood relatives (other than his brothers and sisters), and cared for in a foster home under the supervision of an agency, public or private, whether placed free, at board, or for wages. A "foster home" is "a private family home other than his own or his relatives' which has been investigated and approved, in which a child is placed under supervision with or without payment of board in money or service and for either temporary or permanent care."

An "application" is "a request for advice or assistance which comes within the province of the society approached." A "case" is "a human problem which is under diagnosis and treatment by a social agency. It centers in individuals, in their relationship to the family and the community."[4]

The term "temporary care" was used by the agencies in two different senses. Some used it with reference to a time period and contrasted it with long-time care; others used it in relation to all children not formally committed to their care by court procedure on the presumption that the term of their stay was of uncertain duration.

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[2] Since Apr. 1, 1923, affiliated with the Boston Society for the Care of Girls under the name Children's Aid Association. This report covers only the section of the work originally done by the Boston Children's Aid Society.

[3] Any person under 21 years of age.

[4] Committee on Terminology, Conference on Illegitimacy, Boston, Mass., 1921; Bulletin of Child-Welfare League of America, Nov. 15, 1923.

A few agencies used the terms "ward" and "aid cases," giving the former appellation to children legally committed to their care and the latter term to the children who were with the society by consent of or arrangement with the parents, to whom in most instances they were ultimately returned.

DEVELOPMENT OF CHILD PLACING IN THE UNITED STATES

Child placing is probably as ancient as the family itself.[5] But it is a far cry from the methods of a day when the act of placing a child ended the transaction to those of the most advanced present-day agencies with their continuous, friendly, and helpful oversight in the new home.[6] In the first organized work little or no effort was made toward constructive work with parents or the reestablishment of a child's own home. Once the child was separated from his home the main effort was directed toward finding some family which would keep him permanently as their own or with which he could be bound out. Historically the use of free and adoptive homes preceded placement in homes where board was paid. It was not until the inauguration of the boarding system that placing out was extended on anything like a liberal scale to physically handicapped and problem children and to normal children who because of family conditions needed to be separated from their parents for comparatively short periods.

In 1909 President Roosevelt called a conference at Washington to consider the care of dependent children. Briefly summarized, the conclusions of that conference relative to child care were as follows:[7]

1. Home care: Children of worthy parents or deserving mothers should, as a rule, be kept with their parents at home.
2. Home finding: Homeless and neglected children, if normal, should be cared for in families, when practicable.
3. Incorporation: Agencies caring for dependent children should be incorporated, on approval of a suitable State board.
4. State inspection: The State should inspect the work of all agencies which care for dependent children.
5. Facts and records: Complete histories of dependent children and their parents, based upon personal investigation and supervision, should be recorded for guidance of child-caring agencies.
6. Physical care: Every needy child should receive the best medical and surgical attention and be instructed in health and hygiene.
7. Cooperation: Local child-caring agencies should cooperate and establish joint bureaus of information.

No better pronouncement on the subject has appeared, and the principles there enumerated have since been reaffirmed.[8]

The child-placing movement had its inception on the Atlantic Seaboard and in the Middle West, but in 1923 as many as 198 societies, located in every section of the country and in all but nine States, were reported as having placed children in family homes.

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[5] See "The development of child placing in the United States," by Hastings H. Hart, in Foster-Home Care for Dependent Children, pp. 1–2 (U. S. Children's Bureau Publication No. 136, Washington, 1926).

[6] See articles on various phases of the subject with extensive bibliography in Foster Home Care for Dependent Children.

[7] For the conclusions of the conference see the Proceedings of the Conference on the Care of Dependent Children, pp. 8–14 (Senate Document No. 721, 60th Cong., 2d sess., Washington, 1909). See also Foster-Home Care for Dependent Children, pp. 195–200.

[8] See "Care of dependent children; the conclusions of the White House conference—ten years after," by Hastings H. Hart, in Standards of Child Welfare; a report of the Children's Bureau Conferences, May and June, 1919, pp. 339–344 (U. S. Children's Bureau Publication No. 60, Washington 1919).

The placing of children in foster homes is not confined to agencies devoted exclusively or even primarily to this type of work. Maternity homes, infant asylums, family-welfare societies, juvenile courts, societies for the prevention of cruelty to children, and hospital social-service departments are among those agencies which have added child placing to their other activities. Such agencies have undertaken it most frequently because the children's agencies in the community have not been equipped to meet the child-placing needs, but sometimes through a lack of appreciation of how specialized and delicate a task is the selection of the right foster home for a child and his adjustment to it. Wherever such a situation exists it is a challenge to child-placing societies so to equip themselves for service in their particular field that there shall be no occasion for agencies specializing in other forms of work to attempt this additional service.

RURAL CHILD PLACING

Rural child-placing work presents its own difficulties, and experience has shown that the neglected roots of delinquency and dependency reach out to isolated sections in very special ways. Methods have been developed more slowly for the rural sections of the country than for the larger urban centers, and it is only in the last decade, perhaps since the World War, that interest has focused on bringing social service to children handicapped by their very isolation.

FIELD OF WORK, DEVELOPMENT, AND ORGANIZATION OF THE 10 AGENCIES

FIELD OF WORK AND TYPES OF CHILDREN RECEIVED

Since the term "child placing" has been used in such very different senses in various parts of the United States it should be restated that throughout this report it includes not only placement in free and adoptive homes but placement for temporary as well as permanent care in boarding homes. Such a use broadens the field to include work done with the families of placed-out children, commonly known as children's aid work.

Conditions determining the field of work.

The field of work of private child-placing agencies should be determined largely by local needs and conditions. Where public child-caring agencies exist the private society is released from certain obligations otherwise resting upon it alone and is comparatively free to specialize in certain types of care as well as to demonstrate new and untried methods. This freedom to venture into new fields is possible especially where in addition to a public department other private children's organizations share the field. In such communities it has been found possible by mutual agreement for each child-placing agency to define its intake and to give a refinement of service not practicable where the responsibility for all, or even most, of the child placing has fallen upon one organization. Where no public state-wide child-placing agency exists the private society commonly aims to meet the requirements of all children who stand in need of placement and almost of necessity does a more diversified and frequently a less intensive kind of work.

Other determining factors in marking off the field of an agency have been the presence or absence of adequate public aid for children in their own homes, efficient family-welfare societies, good attendance work, good juvenile courts and probation, institutional provision for the feeble-minded, visiting teachers, day nurseries, and societies for the prevention of cruelty to children. In just the proportion in which these agencies and others exist may the work of the child-placing society be confined to its more legitimate sphere. Where they are absent it is in duty bound to do more general child-welfare work.

In relation to their respective fields the tendency of each of the agencies studied seemed to be toward intelligent action based on knowledge and sympathetic understanding of the needs and facilities of the territory which each had undertaken to serve; and cooperative relations with the other public and private social agencies operating in the same locality. As a result of this knowledge and cooperation a fine appreciation of the values inherent in good family life was found to permeate the work of all the agencies studied. From a strong emphasis on adoptions and free-home permanent placements all the agencies were increasingly stressing the preserva-

tion of family ties. Where this was impossible at the outset comparatively short-time placement of children was arranged for with a view to their ultimate return to the homes of parents or relatives.

Division of field in the communities studied.

The Children's Home Society of Florida.—No public state-wide placing-out department had been established in the State of Florida. The State provided industrial schools for delinquent children of both sexes, a colony for the feeble-minded and epileptic, and a school for the blind and deaf, and since 1919 the counties had made appropriations for a limited amount of mothers' aid. Through its local board of charities one county did some family-rehabilitation work. A few private agencies did family-relief work. The Florida Children's Home Society was the only child-placing agency in the State; it received only white children, but did not otherwise limit intake. No provision for negro children existed in the State, except through one or two orphanages.

The Michigan Children's Aid Society.—Fifty private institutions and agencies had been licensed by the State of Michigan, and many of them did child placing. The city of Detroit and its environs were well provided with such facilities. The Michigan Children's Aid Society, although its activities were state-wide and branch offices were strategically placed throughout the State, aimed to supplement and not duplicate the work undertaken by the agents of the State welfare commission and the State public school at Coldwater. The school at Coldwater operated as a receiving institution for certain dependent children committed by the 83 probate courts in the State. Through agents from the institution and the local county agents under the supervision of the State welfare commission these children were placed in families, either for adoption or for indenture, and were visited periodically. More recently the institution had been used especially for the reception of difficult and "unplaceable" children, the more normal ones going direct to free homes. The Michigan Children's Aid Society not only placed children in free and adoptive homes but was doing a rapidly increasing work for children whose homes were broken more or less temporarily. In these cases its efforts centered around rehabilitative measures for the families at the same time that the children were being supervised in boarding foster homes.

The Children's Aid Society of Pennsylvania.—The Children's Aid Society of Pennsylvania operated east of the Allegheny Mountains, western Pennsylvania being served by other agencies. The society did general child-placing work in those eastern counties where no other private local agencies existed. In one county where no agency existed for the purpose it did prosecuting in cases of neglect. Since 1883 the State has prohibited almshouse care for children.[1]

This act further requires those officials having charge of the poor to place all dependent children over 2 years of age in their charge in family homes or educational institutions. At the request of such

[1] This prohibition was first embodied in the laws of 1883 and reenacted in 1921. Under its provision "it shall be unlawful for the overseers or guardians or directors of the poor * * * to receive into, or retain in, any almshouse or poorhouse, any child between 2 and 16 years of age, for a longer period than 60 days, unless such child shall be an unteachable idiot, an epileptic, or a paralytic, or otherwise so disabled or deformed as to render it incapable of labor or service." (Act of June 13, 1883, Laws of 1883, P. L. 111; act of May 20, 1921, Laws of 1921, P. L. 1030, No. 370, sec. 2.)

officials the Pennsylvania Children's Aid Society had placed children, the cost of board being reimbursed by the county. In Philadelphia the society divided the field with a large number of agencies featuring various forms of child care, these organizations often being seriously restricted in their intake by charter limitations. The appropriations for mothers' aid were so inadequate in Philadelphia that applications in that city were frequently not acted upon for a year, and many children of widowed mothers became the responsibility of placing-out agencies, solely by reason of dependency.

The child-caring department of the Society of St. Vincent de Paul of Detroit.—The child-caring department of the Society of St. Vincent de Paul of Detroit accepted applications for placement exclusively for children of Roman Catholic parentage resident in the diocese of Detroit, which covered 29 counties in the southern section of Michigan; in practice its service was confined almost wholly to Detroit and the surrounding towns. This specialization was actuated by a desire to cooperate with other child-placing agencies operating in the same territory.

The Jewish Home-Finding Society of Chicago.—The Jewish Home-Finding Society of Chicago dealt exclusively with children of Jewish parentage resident in that city at the time of application. Such specialization was practical in a city of the size of Chicago, which, like Detroit, was well provided with social agencies.

The Children's Bureau of Philadelphia.—The Children's Bureau of Philadelphia was an example of an agency whose policy was to adapt its work to fill a definite need in a city program. Established in a community with no less than 118 children's institutions and agencies, it had set itself the specific task of demonstrating high-grade methods of placing out for a carefully selected group composed chiefly of infants, unmarried mothers, and problem children. It also investigated applications for admission to certain institutions.

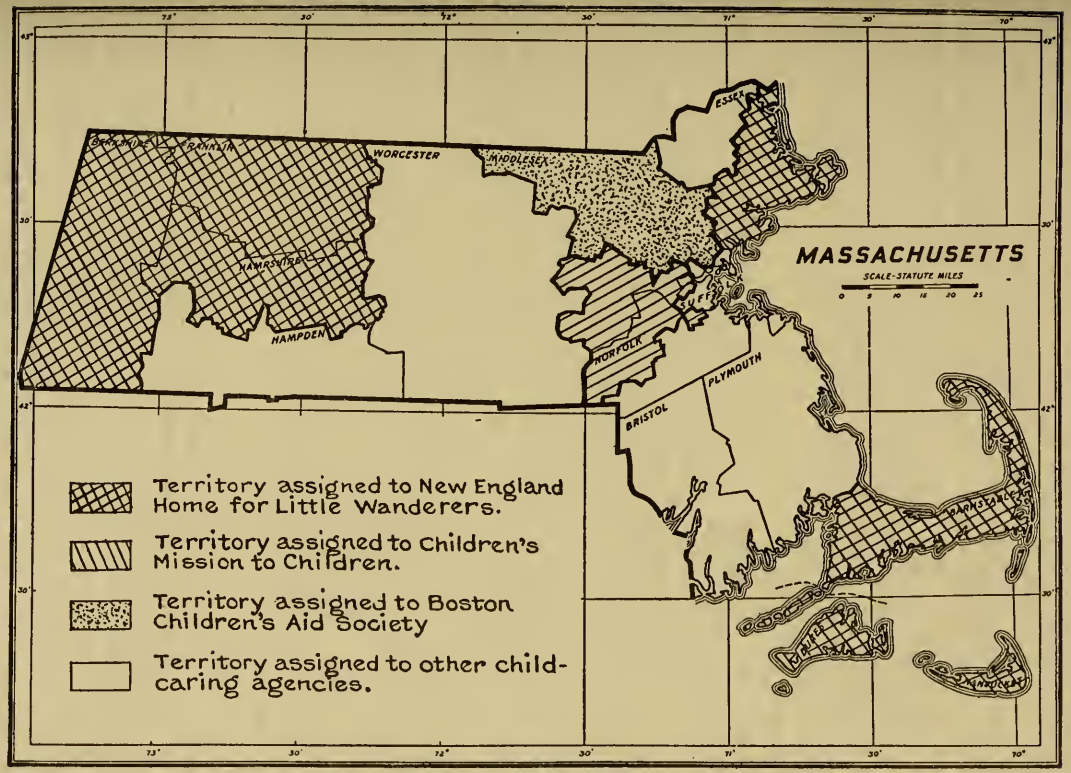
The St. Louis Children's Aid Society.—The St. Louis Children's Aid Society was another instance of an agency which had adapted its work to local needs. Before the establishment of the St. Louis Board of Children's Guardians in 1912 the society handled practically all kinds of cases; after the development of that public board a practical arrangement was entered into whereby the functions of each body were carefully defined. The board of guardians agreed to care for the wholly dependent cases (both long and short time), and the aid society provided for the partly dependent children in need of foster-home care. The children's aid society often extended its services to wholly dependent babies and children who offered serious problems of conduct or health. The board of children's guardians gave aid in their own homes to eligible mothers and their children whose fathers were dead or in certain public institutions, and the aid society no longer gave this relief, as had been its practice prior to the assumption of this form of work by the public body.

The Boston Children's Aid Society and the Children's Mission to Children.—Massachusetts had a fairly well-worked-out plan, designed to cover the whole field of child care, for the interrelation of public departments and private agencies. The division of child guard-

ianship of the Massachusetts Department of Public Welfare cared for neglected and delinquent children committed to its custody by the courts and for certain dependent children received on application of parents, guardians, or friends, or committed to its care by the various boards of overseers of the poor which operated in each city and town in the State. The city of Boston maintained a similar organization for children having a legal settlement in that city. Schools for the feeble-minded, blind, crippled, and delinquent children were provided by the State. Mothers' aid was administered jointly by the overseers of the poor in the several towns and the division of aid and relief of the Massachusetts Department of Public Welfare. Family-welfare agencies existed in all the large cities and in many towns. The Massachusetts Society for the Prevention of Cruelty to Children covered the State effectively through 16 district offices.

In addition to the public departments and agencies already mentioned, the State had a number of private children's organizations—both placing-out agencies and institutions—besides those under consideration in this study, all of which were doing work of a similar nature. In order to dovetail their activities certain of the placing-out societies—among them the Boston Children's Aid Society and the Children's Mission to Children—had come to an understanding with regard to a division of work which had resulted in a territorial assignment whereby each agency should hold itself responsible for applications arising within a given district or area. Other organizations agreed to take cases on the basis of church connection or other affiliation. By means of this arrangement it was expected that the whole State should be covered. In addition the agencies specialized to a certain extent, cooperating for this service regardless of the district plan. The Children's Mission to Children, for example, while giving preference to cases within its own territory, was willing to consider children living in other sections of the State who required posthospital care or treatment of bone lesions. The Boston Children's Aid Society would place an unmarried mother and her baby, or a delinquent boy from the court.

New England Home for Little Wanderers.—This agency, chartered to work throughout the six New England States, cooperated in Massachusetts in the plan just outlined, though it received into its institution children for diagnostic study from places outside its assignment in the State. In Maine the agency had a fertile and pioneer field which it cultivated diligently through two branch offices. Local children's agencies were active in New Hampshire and Vermont, and it had withdrawn from those States except to give assistance in studying children sent to the institution as physical or mental problems. No branch had been started in Rhode Island, where child placing was in the initial stages. Connecticut had developed its child-welfare work mainly through county institutions but since 1921 had carried forward such work through the program of its bureau of child welfare of the department of public welfare. Because of the operations of the Connecticut Children's Aid Society, the New England Home for Little Wanderers was limiting its activities in that State to Fairfield County, and was cooperating in a state-wide division of responsibility between public and private agencies somewhat resembling the Massachusetts situation.



MAP OF MASSACHUSETTS SHOWING TERRITORY ASSIGNED EACH OF THE THREE MASSACHUSETTS AGENCIES INCLUDED IN THE STUDY AND TO OTHER AGENCIES IN THE STATE

Limitations with regard to ages of children.

The maximum age limitation for children at reception varied among the agencies from 14 to 20 years except for unmarried mothers. When such mothers were accompanied by their babies several of the agencies considered them suitable subjects for intensive care at any age. At least four societies (The Boston Children's Aid Society, the Philadelphia Children's Bureau, the Jewish Home-Finding Society of Chicago, and the St. Louis Children's Aid Society) specialized in the care of infants; two (The Children's Mission to Children and the Pennsylvania Children's Aid Society) declined as a rule to take infants since other agencies operating in the same field were specializing in their care; one agency (the child-caring department of the Society of St. Vincent de Paul of Detroit) did not as a rule receive infants under 6 months of age. All the agencies kept children up to the legal age of majority, unless they were previously discharged through adoption, returned to their own families, or permanently disposed of in other ways.

Types of children received.

Children born out of wedlock.—All the agencies cared for children of illegitimate birth, a few taking the mothers also under care.

Children for adoption or boarding care.—The practice regarding adoptions varied among the agencies. The Michigan Children's Aid Society, the Children's Home Society of Florida, and the Children's Aid Society of Pennsylvania gave greater attention to adoption cases, and the other seven agencies emphasized boarding care.

Children with physical and mental health problems.—All the agencies handled health problems, but some emphasized this more than others. Problems of this sort were given special prominence by the New England Home for Little Wanderers, the Children's Mission to Children, the St. Louis Children's Aid Society, and the Children's Bureau of Philadelphia. All the agencies dealt with conduct and mentality problems; the Children's Aid Society of Pennsylvania, the Children's Bureau of Philadelphia, and the New England Home for Little Wanderers were especially equipped to give mental examinations. Children with syphilis or gonorrhea were accepted under certain conditions by most of the societies, usually only when they showed no active symptoms.

Protective work.

Protective work involving the prosecution of adults responsible for the neglect or for the delinquency of children is ordinarily the function of societies for the prevention of cruelty to children. When such a society receives a case requiring placement it usually refers it directly to a child-placing society, or arranges for the child's commitment through the juvenile court. These courts investigate their own cases through their probation officers or they refer cases to the child-caring or protective societies, thus enabling these societies to make investigation and recommendation with regard to the advisability of commitment by the court.

Since there was no state-wide society for the prevention of cruelty to children in either Florida or Michigan, the Children's Home Society of Florida and the Michigan Children's Aid Society found it

desirable to do protective work. For a like reason the Children's Aid Society of Pennsylvania furnished such service in one county of that State.

Affiliation with the Child-Welfare League of America.

All the agencies included in the study were affiliated with the Child-Welfare League of America and through this connection rendered valuable intercommunity services of various sorts, thereby linking distant parts of the country in an effective manner.

HISTORY AND FORM OF ORGANIZATION OF THE 10 AGENCIES

Dates of establishment.

The three agencies having headquarters in Boston were the earliest established; the Children's Mission to Children began its work in 1849, and the two others within 15 years of that date. The Children's Aid Societies of Pennsylvania and of Michigan were instituted before the beginning of the present century—in 1882 and 1891. The other five agencies were organized within the last 25 years; the oldest of this group—the Children's Home Society of Florida—was established in 1902, and the youngest—the child-caring department of the Society of St. Vincent de Paul of Detroit—in 1912.

Original purposes and development into present work.

Those agencies which were established earliest grew out of a spontaneous desire to help a particular child or at the most a few children. Their growth was an expression of the charity of half a century or more ago, individual and kindly. Apparently no thought of a comprehensive program for child care was in the minds of the founders. With the establishment of the newer societies, however, a wholly different note was struck—the note of community responsibility. Thus the more recently incorporated agencies planned their work on the basis of the general need of service to children, rather than the relief of sporadic instances of distress coming under personal observation. Notwithstanding the haphazard beginnings of the older societies they had kept well abreast of the times and were not found lagging behind their younger companions. Adaptation of work to current needs was the underlying principle of all the agencies studied.

Some agencies developed their placing-out work from institutions, or at least had an institution in the earlier days, notably, the Jewish Home-Finding Society of Chicago and the Children's Mission to Children in Boston. The Children's Aid Society of Pennsylvania was the direct outgrowth of a need for child placing felt by the Philadelphia Society for Organizing Charity. The children's work of the Society of St. Vincent de Paul of Detroit and that of the St. Louis Children's Aid Society came in response to juvenile-court needs. A survey of children's needs in a particular locality was the foundation on which the Children's Bureau of Philadelphia was built.

Beginning with an emphasis on free-home care and adoptions the Children's Home Society of Florida, the Children's Mission to Children, the New England Home for Little Wanderers, and the Michi-

gan Children's Aid Society had made rapid strides in more recent years in the development of the boarding-home system. This method of child placement has been used more or less from the outset by the other agencies, especially those which were more recently incorporated.

Interest in the furthering of child-welfare legislation was a feature of the work of almost all these agencies. The appointment of several county probation officers in Florida was directly traceable to the activities of the Children's Home Society, which a few years ago made a survey of the State's social resources. This same society had been active in furthering juvenile court, child labor, and compulsory school attendance legislation. The Children's Aid Society of Pennsylvania offered another example of great activity in furthering legislation. As early as 1883 it was instrumental in securing laws to limit the use of almshouses for the care of young children, and it had continued ever since to be interested in promoting child-welfare legislation.

Development of state-wide and interstate work.[2]

Four societies had developed centers of activity beyond the main or headquarters office. The Michigan Children's Aid Society had 10 branches located at strategic points in the State (see map, p. 13), most of which were self-supporting and administered their own local finances through a local board and treasurer. The Detroit branch not only met its own expenses but contributed a substantial amount each year to the state-wide work. The branches were autonomous with regard to local policies, looking to the State headquarters office for general supervision and advice. An eleventh branch was under consideration at the time of the study.

The Children's Aid Society of Pennsylvania had three county branches, each under a local committee and with very different local problems, but all three definitely affiliated with the head office at Philadelphia and under the general supervision of one field supervisor.[3]

The New England Home for Little Wanderers had its main office in Boston and four active branches, two in Maine, one in Connecticut, and one in the central part of Massachusetts.

Prior to the study the Children's Home Society of Florida had maintained the West Florida branch with headquarters at a receiving home at Pensacola, some 300 miles distant from the main office at Jacksonville. Definite branch activities had been given up at that point shortly before the present study because the work was not being sufficiently supported locally and because long-range supervision involved difficulties. The branch work was under the immediate direction of a local board of directors assisted by a ladies' auxiliary which especially concerned itself with the receiving home. Shortly before the time of the study an executive had been stationed at Pensacola; but at the time of the inquiry her headquarters had been removed to Jacksonville.

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[2] For a discussion of how such work may be developed see "The work of a state-wide child-placing organization," by Albert H. Stoneman, in Foster-Home Care for Dependent Children, pp. 79–96.

[3] Since the study was completed the work has been extended to two other counties.

MAP OF MICHIGAN SHOWING LOCATION OF HEADQUARTERS AND BRANCH OFFICES OF MICHIGAN CHILDREN'S AID SOCIETY

The managing boards.

The managing boards varied in membership from 13 to 39, the number being 20 or less in each of five societies. In all but one instance the membership comprised both men and women. Lawyers, bankers, and business men predominated among the men members, and among women members persons of leisure, social position, and wealth were in the majority. In six agencies board members came from the territory served; for the other four, the board members were drawn almost exclusively from the city where the headquarters were located and did not represent the territory as a whole. The Florida Children's Home Society and the Michigan Children's Aid Society, both state-wide in their work, had been very successful in securing board members from all over their territory. The St. Louis Children's Aid Society was especially representative of the community in its make-up, including persons from the city chamber of commerce, a university, the juvenile court, and the school of social economy, in addition to the more usual representation of business, professional, and social interests. Most of the boards met monthly, except during the summer months. One met quarterly, and another about every two months. In the main they initiated very little new business, acting, as a rule, on committee recommendations.

The standing committees.

Each agency had an executive committee or its equivalent charged with authority to act between meetings of the managing boards. The membership of such committees varied from one to eight, five being the usual number. In every instance this committee appeared to be active, usually meeting monthly, initiating policies, and making recommendations to the boards. In addition, each agency had from one to eight standing committees, the usual ones being revenue and case committees. The financial, or revenue, committee was responsible for the raising and investing of funds. In the case of the Boston Children's Aid Society the appeals sent out by the revenue committee were prepared by the financial secretary. The case committees usually met every one or two weeks and passed upon problem cases presented by members of the staff. The St. Vincent de Paul Society of Detroit had a committee on foster homes, which met monthly and considered foster-home applications; in this way the board members were kept in touch with another phase of the case work. The case committee of the St. Louis Children's Aid Society included in its membership a few persons not members of the board, thus bringing many interests and opinions to bear on the special problems of the society. The case committee of the Children's Aid Society of Pennsylvania had had signal success in raising funds for scholarships for promising children. The Children's Mission to Children had a monthly combination "board and staff" meeting, which though somewhat analogous to the case committees conducted by several of the other societies was not confined to consideration of cases but dealt with current events and served to democratize staff and board relations. These meetings were presided over by different staff members under the direction of the general secretary.

Organization and staff.

An executive officer, or general secretary, directly responsible to the managing board of directors, supervised the rest of the staff in all

the agencies. With one exception the work was carried on through departments. The qualifications and training of the different staff personnels varied greatly among the agencies. All the executives (eight men and two women) had college education, professional experience in some other field (as, for example, the ministry), or special training and experience in some form of social work (not necessarily in the children's field) prior to the assumption of their positions with the agencies studied. Several held graduate degrees; others had taken courses in schools of social work.

The assistant secretaries and supervisors were responsible to the executive secretaries for the case workers who did the field work. These supervisors and case workers, almost all of whom were women, ranged from quite inexperienced young women to college graduates of wide experience and special aptitude, who had received training in professional schools of social work. Certain agencies whose staffs were very carefully chosen had among their workers, particularly as supervisors, a high percentage of persons of long experience with their own or other social agencies. Such supervisors and visitors gave a stability and virility to the case work that could hardly be overestimated. Although details were not available to make an accurate statement, it is probable that a majority of the workers in the nine agencies reporting on the training and experience of their staffs were eligible for either full or junior membership in the American Association of Social Workers.

The American Association of Social Workers is an organization established to promote the professional status of persons doing social work. The following extract from the constitution of the American Association of Social Workers outlines the requirement for membership:

1. Membership in the American Association of Social Workers is open to men and women trained in social work who are or have been professionally concerned with problems of social organization and adjustment, and whose ethical standards of performance and character are in conformity with those of this association.

2. A member shall hereafter, at the time of his admittance, meet the following qualifications:

He must have had four years of practical experience in social organizations of recognized standing and have demonstrated that he possesses an educational background warranting expectation of success and progress in the profession of social work. He must be not less than 25 years of age.

Graduation from a two-year course in an approved school of social work and one year of experience may be accepted in lieu of four years' experience; completion of one year in an approved school of social work in lieu of one year of experience; completion of one year or more of graduate work in social science in an accredited college or university in lieu of one year of experience; two or more years of experience in a closely related profession in lieu of one year of experience. In no case shall a member have had at the time of his admittance less than one year of practical experience in social work.

3. A junior member shall, at the time of his admittance, meet the following qualifications:

He must have had one year of supervised experience in a social organization of recognized standing and have graduated from an accredited college or university. He must be not less than 21 years of age.

Satisfactory completion of one year in an approved school of social work may be accepted in lieu of one year of supervised experience. * * *

A very cordial attitude of cooperation toward schools of social work and social-work departments of universities existed in all the

agencies, and at some time or other in all but two of the agencies located near schools of social work, students had received field-work training. One agency which had no students in training at the time of the inquiry stated quite frankly that because of certain changes in the staff it had temporarily felt itself not equipped to give the necessary training and supervision and did not wish to be in the position of using a student to run its errands. This comment illustrated the serious attitude taken by the agencies in proffering their equipment as an aid to the schools. The general secretaries of the child-caring department of the Society of St. Vincent de Paul and the Children's Bureau of Philadelphia gave courses at schools of social work and universities.

Attendance at the National and State Conferences of Social Work by the general secretary was considered essential by all 10 societies, and as a rule one or more staff members were sent in addition. The full expenses of the general secretary were always paid; the expenses of the staff members were sometimes paid in full, but more often in part. It was customary for some of the agencies to provide a certain amount for this purpose in their budget, which after the expenses of the general secretary were met, was distributed among the visitors sent. A generous attitude was observed in planning to give staff members time to attend local conferences and lectures, both because of their value to the worker and so to the society and because of the opportunity given to pass on to others the agency's experience. The agencies studied had a missionary spirit toward more isolated and less favored communities.

In a few instances and under special conditions the expenses of workers were paid by the agency for extension courses at schools of social work. Libraries containing standard and current literature, books, magazines, and bulletins dealing with social subjects were installed in some agencies, and the workers were encouraged to use them.

Staff meetings were held at regular intervals, usually weekly except during the summer months, and as a rule were presided over by the general secretary. The meetings were found a useful medium for the introduction of new ideas, sometimes discussed informally, sometimes presented by outside speakers. The subjects covered a wide range of interests immediately or more remotely related to the technique of the work.

Salaries.

The salaries paid varied not only as between different parts of the country but among agencies in the same section and did not always vary with the education, special preparation, or previous experience of the individual workers. The study of these 10 agencies led to the conclusion that no standardization of salaries for social workers in the children's field, whether case workers, supervisors, or executives, had been developed.

Executives' salaries.—The salaries of the executives (seven men and two women) were reported for nine societies. They ranged from $2,400 to $7,500 a year.[4] It would be difficult to determine the basis for the difference in these salaries. The only general rule

[4] Since the study the salary of one of these executives has been increased to $8,100. The salary of one executive was not paid by the agency studied, but was contributed by another organization, and though included above does not appear in the budget on p. 22.

seemed to be that the women's salaries were the lowest. In the cases of the executives whose education and training were given, little relation seemed to exist between the range of salary and the amount of professional preparation either in schools of social work or through previous experience in case-work agencies, nor was there a very clear relationship between the salary and the budget, the former varying from 2 per cent to 6 per cent of the budget. Neither did the extent of the territory served nor the number of cases handled, so far as those facts were obtainable and comparable, furnish the criterion for the salary. It is probable that the personal equation was an important factor in each instance.

Supervisors' salaries.—Salaries were reported by 9 of the 10 agencies for 35 assistant secretaries, branch secretaries, and supervisors ranging from $1,200 to $2,800, with a mean salary of $1,800 (since the study material salary increases have been made in one agency, which now pays a maximum supervisory salary of $3,500). All these semiexecutive positions were held by women. Except in those agencies having a woman executive, the supervisors and assistant secretaries received, in every instance, less than half the salary paid to the chief executive, and in one agency the assistant superintendent's salary was less than one-third the executive's salary. The positions that included maintenance, of which there were a few, are not included in this comparison.

Case-workers' salaries.—The same nine agencies reported salaries for about 85 assistant supervisors, investigators, home finders, placing-out visitors (of whom 5 were men), and nurses ranging from $840 to $2,400, with a mean salary of $1,400. About one-third received from $1,500 to $1,700, nearly 30 per cent received below $1,200, the numbers in this latter group being largely from a single agency. On the whole a closer relationship was found to exist for this group between salaries received and the education, training, and experience of the workers, than for the executive and supervisory groups. In the main these persons were actively engaged in field work though a few of them were also doing a small amount of clerical work.

Office equipment.

The physical surroundings of the workers were generally good, except in the case of four agencies, whose quarters were obviously too crowded for efficient service and in the case of three for ordinary comfort. Plans were under way at the time of the study for moving these agencies into more commodious offices.[5] Interviewing rooms designed to provide privacy and to produce a restful and sympathetic atmosphere in keeping with the delicate task of inducing confidences had demonstrated their value to those agencies which had them.

The Jewish Home-Finding Society of Chicago had adequate office space in a building occupied also by 12 other Jewish charities of Chicago. The offices were a model of simplicity and efficiency. The rooms were small and afforded opportunity for private interviews. A small reception room and an adjoining playroom for the children were appropriately furnished.

[5] In three of these agencies improvement has been effected since the study.

The New England Home for Little Wanderers had its headquarters on the first floor of the Boston institution (see p. 114). The space occupied was ample, and the offices were very attractively furnished. Provision was made for separate interviewing rooms, and consideration was given to the comfort and convenience of applicants and staff alike. This society and the Children's Mission to Children, another well-equipped agency, had fireproof record rooms or vaults—a most important provision if social case records are to be given the care they merit.

At least eight of the agencies had one or more motor cars for the use of their workers. Adequate telephone facilities with switchboards and desk telephones proved their economy, exactly as in any business house, wherever they were installed.

Financing.

Income.—Nearly a million and a half dollars ($1,486,000) was the annual combined income of the 10 societies, the individual income ranging from less than $40,000 to more than $365,000. The variety in methods of accounting used by the societies at the time of the study made accurate comparison impossible. Differences existed even in the methods used by the headquarters and the branches of a single agency (in one instance this was caused by the requirements of different community-fund organizations). The following statements, therefore, must be considered as only approximately true estimates. The statements in the following table are based in some instances on figures for the year preceding the study and in others on estimates for the year of the study. Wherever doubt existed care has been exercised to understate rather than to overstate the figures. Six societies netted a combined income of $192,000 from endowments and capital funds, which was about 13 per cent of the total income of the 10 societies.

Sources of the income of the 10 agencies studied

Agency	Income [1]	Percentage distribution from—				
		Endowment	Contributions	Public funds	Community chest	Reimbursement [2]
Pennsylvania Children's Aid Society	More than $150,000	4.3	0.8	74.2	17.8	2.7
St. Vincent de Paul Society	$125,000 to $150,000	-------	.3	19.6	66.3	13.8
New England Home for Little Wanderers	$125,000 to $150,000	47.2	23.7	-------	-------	29.2
Boston Children's Aid Society	$125,000 to $150,000	52.1	24.1	.2	-------	23.5
Jewish Home-Finding Society of Chicago	$100,000 to $125,000	-------	1.5	-------	[3] 91.0	7.8
Florida Children's Home Society	$100,000 to $125,000	-------	92.6	-------	-------	7.4
Michigan Children's Aid Society	$100,000 to $125,000	8.1	51.5	15.4	-------	24.9
Philadelphia Children's Bureau	Less than $100,000	52.4	-------	8.9	29.7	8.9
Children's Mission to Children	Less than $100,000	64.0	18.3	-------	-------	17.7
St. Louis Children's Aid Society	Less than $100,000	-------	72.4	-------	-------	27.5

[1] Figures relate to the year 1922 or 1923; from printed annual reports or from information obtained by agents.
[2] By parents, relatives, and agencies.
[3] Through the Jewish Charities of Chicago.

Public subsidies and per capita payments from State, county, and city sources formed the largest single source of support, but more than three-fourths of this amount was received by the Pennsylvania Children's Aid Society, the only public child-caring agency in Penn-

sylvania outside of Philadelphia. The rest of the public-fund support was divided among six other agencies (the Boston Children's Aid Society, the New England Home for Little Wanderers, the Children's Bureau of Philadelphia, the Florida Children's Home Society, the Michigan Children's Aid Society, and the child-caring department of the Society of St. Vincent de Paul of Detroit), two of which received such small amounts for per capita payments that they practically might be excluded from this category. Three societies (the Children's Mission to Children, the Jewish Home-Finding Society of Chicago, and the St. Louis Children's Aid Society) received no funds from public sources.

Six agencies (the New England Home for Little Wanderers, the Pennsylvania Children's Aid Society, the Children's Bureau of Philadelphia, the Michigan Children's Aid Society, the Jewish Home-Finding Society of Chicago, the child-caring department of the Society of St. Vincent de Paul of Detroit, and the St. Louis Children's Aid Society) received assistance from community chests or their equivalent[6] to the extent of some $300,000. The Jewish Home-Finding Society of Chicago was supported almost exclusively by the Jewish Charities of Chicago.

The total funds from contributions, donations, and subscriptions was well over a quarter of a million. The Florida Children's Home Society, which carried on an aggressive all-the-year program of publicity, received from such sources nearly 95 per cent of its total income. The St. Louis Children's Aid Society, which also consistently brought its work to public notice, obtained nearly half its revenue from popular subscriptions.

The amount obtained by the agencies through reimbursements by relatives and friends was more than $200,000. Once again attention must be called to the difficulties encountered in interpreting figures. For example, the financial statement of one society combined the moneys received from relatives and public sources; a few included under reimbursement the sums received from other social agencies. The amount of reimbursement received by a society had a definite relation to such factors as its policy in the selection of cases and its equipment for follow-up of delinquent parents. Where public agencies were established the bulk of the cases which showed evidence of small reimbursement ability were turned over to them, due care being exercised not to include among such children those for whom the public agency was not reasonably well equipped to provide. As might be expected, the Children's Aid Society of Pennsylvania, the Children's Bureau of Philadelphia, and the Children's Home Society of Florida, operating in territory which had no State system of care for children, showed relatively lower financial returns from parents than did the two Massachusetts societies, the New England Home for Little Wanderers, and the St. Louis Children's Aid Society, all operating in territory offering excellent public provision for children. In one community wholly dependent on private child-caring agencies it was customary, even if the parents were able to pay for a child's support and gave every promise of paying, to take the child to court and have him committed to the agency with

[6] Since the study was made the St. Louis Children's Aid Society has entered into a "financial federation" under the terms of which clubs, churches, and individuals, though no longer solicited by the society, are still accepted as sponsors. The amounts contributed to it by these sponsors are deducted from its share of the community fund.

one order on the county payable to the agency and another on the parent payable to the county. In such cases failure to pay on the part of the parent was a loss to the county and not to the agency. Subsidies in Pennsylvania and private contributions in Florida offset lack of reimbursement.

Comparison of expenditures.—Comparison of the expenditures of the agencies studied was as difficult as that of their income, because of the lack of uniformity in the agencies' use of terms. Figures that might mean much within a given agency were valueless when interpretation and comparison were attempted. For example, "securing homes for children and funds" was an item used by one agency which in the classification of other agencies covered two distinct phases of work—publicity and home finding. Again, "medical, dental, and surgical" might or might not include salaries as well as doctors' fees, medicines, appliances, and travel. Expenses of receiving homes were seldom kept separate from work of placement. Even within a given agency methods were found to vary, especially where branches were concerned. One agency which maintained several branches explained that the branch accounts were kept in accordance with the forms prescribed by the various community funds.

Recognizing the need of more uniformity in financial and statistical reporting, Boston had made a beginning through a subcommittee of the children's department of the council of social agencies. This committee, after a study of the needs of the local agencies as well as of their reports, recommended an outline form of report, which had been adopted by several societies, among them the Boston Children's Aid Society and the Children's Mission to Children. The outline adopted by the Boston agencies was as follows:

Outline for financial statement

RECEIPTS

	Month	Cumulative	Previous year	
			Month	Cumulative
Current:				
A. For service rendered—				
1. From relatives or any private source				
2. From public sources				
B. Investments—				
1. Net income from endowment and trust funds				
2. Interest on bank balance				
C. Contributions				
D. Dues				
E. Entertainments				
F. Sundries				
Total current receipts				
G. Transfer from capital to pay deficit				
H. Loans				
Balance from previous year				
Capital:				
A. Legacies—				
1. Restricted				
2. Unrestricted				
B. Sale of property and securities				
C. Transferred from current receipts				
D. Sundries				
Total capital receipts				
Balance from previous year				

Outline for financial statement—Continued

EXPENDITURES

	Month	Cumulative	Previous year	
			Month	Cumulative
Current:				
I—Direct service to children—				
A. Department of advice and assistance—				
1. Salaries				
2. Travel				
3. Incidentals				
B. Department of home finding—				
4. Salaries				
5. Travel				
6. Advertising				
7. Incidentals				
C. Department of foster homes—				
8. Salaries				
9. Travel				
10. Board				
11. Clothing				
12. Health				
13. Legal				
14. Tuition and school expense				
15. Recreation				
16. Sundries				
D. Home libraries—				
17. Salaries				
18. Travel				
19. Sundries				
II—Administrative—				
20. Salaries				
21. Rent				
22. Insurance				
23. Telephone and telegraph				
24. Stationery, postage, and office supplies				
25. Furniture and equipment				
26. Travel				
27. Treasurer's expenses, to include auditing, bonding, and safe-deposit box				
28. Joint cooperative movements				
29. Sundries				
III—Department of research—				
30. Salaries				
31. Travel				
32. Sundries				
IV—Department of finance and publicity				
33. Salaries				
34. Printing, stationery, and postage				
35. Annual report expense				
36. Sundries				
37. Advertising				
Total current expenditures:				
Transferred to capital				
Cash balance				
Capital:				
38. Sundries				
39. Purchase of securities				
40. Loans				
41. Transfer to current expense to meet deficit				
Total capital expenditures				
Cash balance				

Considerably more than $1,000,000, or 80 per cent of the total combined income of the agencies, was spent for board, salaries, clothing, traveling expenses, and health items. The remainder covered rent, printing and postage, recreation, allowances, and miscellaneous expenses. The comparative expenditures of the 10 agencies are shown in the following table:

Comparative expenditures of the 10 agencies studied

Agency	Income [1]	Percentage distribution for—					
		Salaries	Board of children	Clothing for children	Travel and automobile maintenance	Health items	Other [2]
Pennsylvania Children's Aid Society.	More than $150,000	21.6	50.6	11.8	8.8	[3] 3.6	3.1
Child-Caring Department of the Society of St. Vincent de Paul.	$125,000 to $150,000	14.7	70.9	7.9	1.9	1.6	2.9
New England Home for Little Wanderers.	$125,000 to $150,000	[4] 45.7	22.0	[5] 5.3	4.8	1.5	[6] 20.1
Boston Children's Aid Society.	$125,000 to $150,000	33.7	40.4	6.0	4.1	[7] 5.4	9.3
Jewish Home-Finding Society of Chicago.	$100,000 to $125,000	23.8	48.3	7.9	1.5	1.3	1.72
Florida Children's Home Society	$100,000 to $125,000	38.5	[8] 4.8	([9])	([10])	([9])	[6] 56.6
Michigan Children's Aid Society	$100,000 to $125,000	41.2	26.9	1.5	7.5	([9])	[6] 23.6
Philadelphia Children's Bureau.	Less than $100,000	[11] 33.6	37.6	3.7	3.2	[12] 12.8	9.1
Children's Mission to Children.	Less than $100,000	29.1	45.1	[13] 9.5	4.1	1.3	10.7
St. Louis Children's Aid Society.	Less than $100,000	35.8	41.7	([9])	2.2	([14])	20.5

[1] Figures relate to 1922 or 1923; from printed annual reports.
[2] This item includes expenses for rent, office equipment, printing, and postage, allowances, and miscellaneous expenses. In some instances it may include expenses for clothing, travel, and health where details for these items were not given separately in the annual reports.
[3] Includes salaries of physicians and psychologists.
[4] Includes medical salaries.
[5] Includes some supplies for the institution.
[6] Includes expenses of the receiving home or institution maintained by the agency for the care of children.
[7] Includes salaries of staff maintained at preventive clinic supported jointly by Boston Children's Aid Society, Boston Dispensary, and the Church Home Society.
[8] Includes board paid for children in boarding schools.
[9] Figures not available.
[10] Figures not available, but amount was very low, as railroad passes and reduced fares were given the society.
[11] Excludes general secretary's salary, which was paid by Seybert Institute.
[12] Includes cost of salaries connected with the maintenance of the Associated Medical Clinic supported jointly by the Pennsylvania Children's Aid Society, Philadelphia Children's Bureau, the Pennsylvania Society to Protect Children from Cruelty, the Society for Organizing Charity, and the White-Williams Foundation; and the maintenance of the child-study department jointly supported by the Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania.
[13] Includes children's spending money.
[14] Expenses for this item amounted to about $500 for appliances, medicines, and home visits by physicians; other treatment obtained almost entirely free at clinics.

Expenditures for board of children.—The agencies spent annually over $600,000—more than two-fifths of their combined income—on direct service to the children as expressed in terms of board paid. Since boarding care was emphasized in different degrees by the various agencies there was an inevitable proportional variation in the amount of this item, ranging from only 4.8 per cent in the case of the Children's Home Society of Florida, whose placing work was mainly in free or adoptive homes, to more than 70 per cent in the case of the St. Vincent de Paul Society of Detroit, which specialized in boarding care (see p. 160).

Expenditures for salaries.—The second largest item of expenditure by the agencies was for salaries, amounting to $412,000, nearly one-third of the combined income. In two instances (Boston Children's Aid Society and the Philadelphia Children's Bureau) this item did not cover salaries to physicians, psychiatrists, and psychologists, which were accounted for under health, and in one instance (the Philadelphia Children's Bureau) it did not cover the salary of the general secretary, which was otherwise provided. The rate which salaries bore to the budget of each agency showed only slight relation to the quality of their work. It was observed, however, that in the main those agencies which appropriated the largest proportions to this item were equipped with a larger number of trained and experienced case workers and made relatively greater returns to the community in terms of service than did those which paid lower salaries.

Expenditures for clothing and travel.—Eight agencies reported a total of nearly $95,000 spent for clothing, the amounts varying considerably between agencies whose standards differed. Some agencies, such as the Boston Children's Aid Society, had a centralized plan of providing clothing for all children; others left the planning largely to the foster parents; the remainder took part but not all of the responsibility for seeing that its children were properly clothed. The expenditures for travel ranged from 1.5 per cent to 8.8 per cent of their income in the case of eight agencies. One state-wide agency which reported no expenditures for travel had very generous privileges extended to it through the courtesy of the railroads—privileges which were granted to the other agencies to a much more limited extent.

Expenditures for health.—The item of expenditure for health was one of growing importance with the societies. It has been only a few years since child-caring agencies depended exclusively on gratuitous medical service. To-day the tendency is for agencies to develop, either independently or cooperatively, effective physical and mental health supervision for their wards. More than $40,000 was spent during the year in connection with health items by 7 of the 10 agencies studied.

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METHODS OF WORK OF THE 10 AGENCIES

TERMS OF ACCEPTANCE FOR PLACEMENT

Methods of receiving children.

Children were received for placement by the agencies in two ways: (1) Through some form of legal commitment, by parental surrender, or through guardianship procedure; or (2) through voluntary application on the part of parent, relative, friend, or other agency, no transfer of custody being made. More than half the children (2,723) in care of eight of the agencies studied for which figures were available were received with some form of legal control. Of this number 96.5 per cent were thus received by three agencies. The majority of the children accepted for placement by the other agencies were received without transfer of custody from the parents. This was in accord with the trend among child-placing agencies toward family rehabilitation and away from custodial care.

Commitment through juvenile and probate courts.—Commitments, either temporary or permanent, were made by the committing courts to eight of the agencies (New England Home for Little Wanderers, Children's Aid Societies of Pennsylvania, Michigan, and St. Louis, the Children's Bureau of Philadelphia, the Children's Home Society of Florida, the child-caring department of the Society of St. Vincent de Paul of Detroit, and the Jewish Home-Finding Society of Chicago), but the number received in this manner varied from more than half of all the children under care in the case of the Children's Aid Society of Pennsylvania to only 10 children under care of the New England Home for Little Wanderers and 8 under care of the Philadelphia Children's Bureau. (See General Table 2, p. 215.) In two cities commitment by the juvenile court did not convey permanent custody to the agency, since the judge reserved to himself the power to order children so committed returned to their parents. Without very close cooperation between the court and the agency, such divided responsibility might tend to hamper the usefulness of a society.

The Philadelphia Children's Bureau favored a decreasing use of court commitments and the substitution of informal jurisdiction partly on the ground that better cooperation was established with the children's families when persuasion rather than authority was used. In Massachusetts, where the juvenile court had power to commit neglected and delinquent children only to a public agency, children were placed with private agencies during a court continuance, which might be renewed from time to time. Custody in such cases remained with the court, the child being nominally in charge of the probation officer who delegated temporary authority to the agency. Children were accepted for temporary care from the courts by the two Michigan agencies studied, such children remaining legal wards of the court. The Florida society received a few children on terms similar to those in Michigan.

Guardianship.—Guardianship with custody but without power to assent to adoption, granted by the probate court, was a form of control used occasionally by the three Boston agencies, the St. Louis and Michigan societies, and the Jewish Home-Finding Society of Chicago. With the Jewish Home-Finding Society, however, it was used only in cases where there were questions of property. In cases of guardianship the custody of a child was granted to an individual, usually the general secretary, and not to the society itself. The child-caring department of the Society of St. Vincent de Paul of Detroit had worked out a plan by which certain trust companies accepted guardianship in cases involving property belonging to its wards.

Parental surrender.—Children were received on parental surrender by eight of the agencies though most of them received very few children in this way and neither the Boston Children's Aid Society nor the Children's Mission to Children had received any during the year of the study. On the whole the tendency appeared to be away from parental surrender at the time of reception. An exception to this was in cases where consent to adoption was likely to be ultimately desirable and where it was unwise or impossible to keep in sufficient touch with the mother of an illegitimate child to get her signature at the actual time of adoption. In these rather rare cases consent to surrender by the mother was obtained at time of reception. Otherwise she was not asked to sign papers until the petition was ready for court action.

Commitment by poor-law officials.—To only four agencies—operating in territory where there was no public department to which such children could be sent—were foundlings and other children committed by city and county poor-law officials.

Other methods.—As was previously stated nearly half the children were received by the agencies without surrender of custody, full legal control remaining usually with the parent or less frequently with the referring institution or agency. Some 44 per cent of all children received by eight agencies belonged in this group, the percentage for individual agencies ranging from 95.9 per cent for the Boston Children's Aid Society down to 16.7 per cent for the Children's Aid Society of Pennsylvania. In only 77 instances (out of 4,887 in the eight agencies for which figures were available) no legal control appeared to have been established (the children in these cases were full orphans without known guardians and not under court control). These figures bear evidence to the care exercised by the agencies in definitely establishing responsibility for and authority over all children who were received for placement.

Parental status at time of reception.

As children are entitled normally to a home with two parents, each contributing to the child's development, it is important to know the parental status of children cared for by children's agencies, and such knowledge should throw considerable light on the reasons why children are without homes of their own. The erroneous notion has popularly been held that institutions and child-placing agencies deal almost exclusively with full orphans. In view of the prevalence of this belief, it is worth noting that of the 4,887 children received by

eight agencies, both parents of only 223 children (5 per cent) were known to be dead. Broken homes, however, were numerous. In only 8 per cent of the total cases were the parents living together in the homes from which the children were taken; for the various agencies the proportions varied widely, the percentage being as high as 22.2 for the Children's Mission to Children and as low as 3.6 for the Florida Children's Home Society. The difference is, of course, largely explainable by the special type of work undertaken by each agency, whether there was specialization in providing for certain kinds of temporary need, etc.

Divorce as a cause of removal of children to the care of child-placing agencies demands more serious attention than has yet been given it.[7] With 118 actual cases of divorced parents and the parents of 803 other children separated, deserted, or living apart (exclusive of cases in which one parent was in a hospital or correctional institution), the problem of 19 per cent of all children in care of the agencies studied can be traced wholly or in part to the disruption of the home because of marital difficulties of one sort or another.

Children of unmarried mothers formed a large group—16.3 per cent of the total number of children in care of the agencies—ranging from 35.8 per cent for the Michigan Children's Aid Society to as low as 2.3 per cent for the Children's Mission to Children.

Homes broken through illness, physical and mental, of one or both parents, but especially of the mother, contributed another large group of children in care of the agencies—480 children (nearly 10 per cent of the total number). Of the children in care of the Children's Bureau of Philadelphia, 28.3 per cent were reported as received for this reason.

One thousand and eighty-eight children (22.3 per cent) came from homes in which the father was head of the family, the mothers of more than half this number being dead. The problem of the widower, very unlike that of the widow, has so far baffled attempts at solution; the difficulties of trying to make suitable provision for his children other than by foster-home care have been drawn attention to in an inquiry recently made.[8]

The commendable development of aid to children in their own homes through mothers' aid legislation was reflected in the figures, since only 8.4 per cent of the children received came from widowed mothers; in Florida, where such legislation was less widely applied than in the other States studied, the percentage was 9.9.

A study of the sources from which children were received as compared with the parental status indicated that it was the need of the individual child and not alone the status of the parent that determined how he should be received. The special policy of each society regarding court commitments and reception from the parents should be taken into consideration in a comparison of the sources from which children were received. (See General Table 2, p. 215.)

[7] For a fuller discussion of this subject as it affects the dependency of children see "The home," by Alfred Newberry, in The Living Church (Milwaukee), June 27, 1925, pp. 283–285; see also "Some aspects of the case method as applied to divorce," by Hornell Hart, in Proceedings of the Fourth National Conference of Social Workers of the Episcopal Church, New York.

[8] Eaves, Lucile: Children in Need of Special Care. Women's Educational and Industrial Union, Boston, Mass., 1923.

Financial terms of acceptance.

With the exception of the Children's Home Society of Florida, all the agencies favored holding parents to as full responsibility for support as was consistent with their financial condition. The amount required of parents by the agencies was based rather on what they could afford to pay than on the cost of the child's care. The parents' own needs for maintaining health and a decent standard of living as well as for reestablishing a home fit for the return of the child were factors taken into consideration. None of the agencies made financial reimbursement for the child an essential feature of acceptance, and all were caring for some children without it.

Such reimbursement was made more commonly for children whose custody remained with the parents, but instances occurred of repayments being ordered by courts which had taken jurisdiction over the children. Some children received for adoption were paid for in whole or in part by the parents until they were placed in free or adoptive homes. The children's aid societies of Pennsylvania and Michigan especially held to this last policy. On the other hand, the Children's Home Society of Florida considered it unfair to expect a parent to pay for a child who was never to be returned to him but was to be placed for adoption; this society also bore any additional cost for a child returned to its care when adoption was not consummated.

Parents and other relatives contributed the whole or part of the support in 37 per cent of the total number of children cared for by the eight agencies having figures available on this point. For the different agencies the proportion of children for whom some such payment was made varied from 6 to 92 per cent. (See General Table 4, p. 217.)

The following list shows the source of support for the 3,657 children for whom some contribution was received by the eight agencies:

Children for whom some support was received

Source of support:	
Parents	1,281
Other relatives	78
Other individuals	40
Public agency	1,845
Private agency	246
Self	9
Other	2
More than one of above sources	123
Not reported	33
Total	3,657

Support was paid by relatives for about 7 per cent of the children being boarded temporarily with the plan of ultimately returning to their own families. The St. Louis Children's Aid Society had an agreement with the board of children's guardians of that city that the society should take only partly dependent children, though exceptions were frequently made in cases of problem children. The society received support from parents with whom custody remained for some 80 per cent of the children in care for whom support was reported; it also made a point of enlisting the interest of churches,

clubs, and private individuals to sponsor cases in which there were no relatives able or willing to reimburse the society for the care given—a method with a distinct educational as well as financial value.[9]

The Boston Children's Aid Society received some support for 89 per cent of the children under care and the Children's Mission to children for 80 per cent.. These two societies and the St. Louis society received some support for the largest proportion of children in care of the agencies studied. Since these three societies dealt largely with children whom it was expected to return to their own families and whose general custody remained with the family, those percentages may be readily explained. The Children's Mission received no support for 20 per cent of its children; the Boston Children's Aid Society for 11 per cent. The Philadelphia Children's Bureau, taking children of similar family status to these others but operating under conditions where public care was not so available as in St. Louis and Massachusetts, received children whom the other societies would have left to public-agency care, but accepted support for them from public sources even though the custody remained with the parent. Forty-one per cent were paid for in this way, and parents reimbursed the society in whole or in part for 36 per cent.

Forty-seven per cent of the children in care of the Michigan Children's Aid Society, most of them committed for adoption, brought no support. For some 81 per cent, whose custody remained with the parents, the agency received reimbursement from relatives. The New England Home for Little Wanderers gave free care to 27 per cent of the children in its care, about half of whom were surrendered by parents or received through guardianship proceedings; custody of the remainder continued with the parents or was vested in the agency referring the case. More than one-third of the children under care of this agency were paid for wholly or in part by parents.

Every agency except the Jewish Home-Finding Society and the St. Louis Children's Aid Society accepted per capita payments from public funds, though for several agencies the number of children supported in this way was negligible. The Children's Aid Society of Pennsylvania, the Children's Home Society of Florida, and the Michigan Children's Aid Society also received lump-sum subsidies from city, county, or State officials. The Children's Aid Society of Pennsylvania received from public agencies support for 78 per cent of the children under its care, the commitments having been made through court or poor-law officials. This society received support from all sources for 93.8 per cent of the children under its care. (See General Table 4, p. 217.)

PROCEDURE PRIOR TO ACCEPTANCE

The recognition that the normal environment for a child to grow up in is his own home with his own father and mother is the basis of the best child-placing work to-day. That this was not so formerly is evidenced by agencies still to be found that regard the tie of

[9] Since the establishment of a "financial federation" for the support of social-welfare agencies in St. Louis there has been some curtailment in the use of this method (see p. 167.)

blood but lightly. Little or no effort is made by such agencies to determine the real need, and a mother's request to be relieved of her child is looked on as sufficient reason for accepting him. Gradually a change has been taking place, and children's aid societies are rapidly awakening to the significant fact that a very large proportion of children for whom application is made need not be placed. Indeed, the best interests of the child are often served better when family and neighborhood resources are organized to keep him in his own home. Such a case was that of a delicate 14-year-old girl, whose father and mother, though they were good parents, felt themselves unequal to the task of caring for her properly in her almost helpless condition. Medical examination undertaken by the agency to which application had been made disclosed the presence of a progressive heart trouble, and gave the girl a prognosis of four years to live, with hospital care indicated at intervals. Instead of placing her in a foster home the society arranged for her to remain at home under supervision and provided occupational therapy and admission to a nutrition class. The girl was thus enabled to live happily at home under comfortable conditions which prolonged her life as much as could be reasonably expected in view of the medical diagnosis.

> As we canvass the whole situation, the evils of poor institutional care and by the same token the evils of poor child placement, the high cost of adequate care, whether in an institution or in a supervised private home, we are driven back to the conclusion that as society is at present organized financial as well as humanitarian interests dictate that the opportunity of the private philanthropist * * * lies in the direction of helping to keep parents alive and well, and of raising the standards of health, education, and wages so that parents can themselves meet the responsibilities and obligations created by bringing children into the world. Child welfare in its most fundamental aspects means family welfare, school welfare, church welfare, community welfare.[10]

Slowly at first and more rapidly as humanitarian and commonsense methods gained attention, agency after agency has adopted a system of inquiry or investigation before acceptance, which method, once it has become a recognized part of an agency's work, has, so far as known, never been discontinued.[11]

The object of the 10 agencies studied was to have a sympathetic, painstaking, and purposeful social inquiry made in relation to every application, the motive behind this investigation being to insure that so far as possible no child should be placed in a foster home unless it were shown to be for the best good of the child, his family, and the community for him to be so placed; and that where this was not found to be the case some other plan should be made effective.[12] The actual way in which this inquiry was made varied not only between agencies but also between cases observed in individual agencies. Speaking in general terms, a superior investigation was made by two societies and an excellent one by two others. The records of at least four gave indication of a too meager inquiry in most cases to rank their investigations as better than mediocre re-

[10] Deardorff, Neva R.: "The new pied pipers." The Survey, April 1, 1924, p. 56.
[11] For fuller discussion of the value of investigation prior to acceptance see "Conserving the child's parental home," by J. Prentice Murphy, in Foster-Home Care for Dependent Children, pp. 17–31.
[12] For a full discussion of the aims and methods of investigation, see Social Diagnosis, by Mary E. Richmond (Russell Sage Foundation, New York, 1917).

ception work. The work of several societies was very uneven, some of it being of much higher quality than the rest. This was especially noticeable as between the work in the large cities which was usually good, and that in the more rural sections where for a variety of reasons the work often fell below standard.

Investigating staffs.

In order to make such a careful inquiry as is indicated in the preceding paragraph the agencies aimed to have on their staffs visitors who were experienced in securing social, medical, and mental histories, and in developing community resources—recreational, health, educational, and financial. The size of the staff making the initial inquiry varied not only in actual numbers of persons employed by the several agencies, but also in the ratio to applications handled, the size of the territory served, and the types of cases dealt with. More than any other single factor, it was the personal qualifications, training, and experience of the staff which determined the quality of the work done. Six agencies, all handling their work from headquarters, had a supervisor (responsible to the general secretary) who gave all her time to the general oversight of the investigations. One society which had branch offices vested responsibility for the branch investigations in the assistant secretary but placed the standardization of central-office investigations in the hands of the director of the department of advice and assistance. This divided authority tended to produce a somewhat different standard of investigations for rural as compared with city cases. In one state-wide society the assistant superintendent was made responsible for the work of four visitors, who were expected to cover an area of 54,861 square miles. Obviously this society was understaffed and could not be expected to make adequate investigations in its field.

The supervisors were responsible for the oversight of one to seven case workers. It is probable that the average supervisor can give adequate attention to not more than four case workers, though under exceptionally favorable circumstances when all the workers involved are fully trained and of long experience the oversight of one or two more may be attempted without loss to the service. No evidence existed to encourage the belief that more than six case workers could be directed to advantage by one supervisor, no matter how skilled she and they might be. Those agencies which provided closest supervision for their case workers made the largest number of satisfactory adjustments through relatives and community resources and according to available figures, accepted for placement the smallest number of children in comparison with the number of applications received.

Nine societies had investigators whose time was devoted exclusively to this special task of determining which children needed placement in foster homes and of developing the resources of the family, relatives, church, or community for those whose needs could be met better by adjustments making it possible for them to remain in their own homes. Except for work done in the branches and in rural districts where specialization of this sort was scarcely possible, only two agencies (the Jewish Home-Finding Society of Chicago and the Children's Home Society of Florida) followed the method of having the same case worker do both investigating and

supervising in foster homes.[13] The Children's Bureau of Philadelphia and the Boston Children's Aid Society had, in addition to their field case workers, an office investigator who received all applications and did the clearing-house work for them. In this way perhaps one-fourth to one-third of all applications were disposed of without being made cases for investigation by the field workers. Such cases were dealt with (1) by reference to another agency found to be already in touch with the situation or more adapted to deal with the problem; (2) by telephone reference to an agency not yet on the case; or (3) merely by helpful suggestions to the applicant before she left the office. When the application could not be disposed of in any of these ways it became an "application accepted for investigation," and the office investigator (who did no field work herself) referred it to a field investigator for full inquiry. At this point the application became a case (see p. 2).

Registration with social-service exchange.

The confidential or social-service exchange now established in most large cities and many smaller places has become the recognized medium of interchange between agencies. Its purpose is to prevent duplication of effort and to facilitate service to those in need.

All the agencies studied believed in the value of an exchange, but since not all of the territory covered by four agencies (the New England Home for Little Wanderers, Children's Aid Society of Pennsylvania, the Children's Home Society of Florida, and the Michigan Children's Aid Society) was served by such exchanges, these societies were able to register only such cases as came from territory covered by an exchange. The New England Home for Little Wanderers registered all Massachusetts cases with the Boston exchange, which accepted registration over a large area; it also registered with the Boston exchange all cases accepted for study at the institution, even though they came through branch offices located in other States. In addition it registered locally those cases arising in other cities or towns which had developed exchanges of their own. The Children's Aid Society of Pennsylvania used the Philadelphia exchange for Philadelphia cases and other local exchanges wherever they existed in its territory. The only exchange in Florida was at Jacksonville, and the Children's Home Society of Florida registered with it all cases from that city, but since this exchange did not receive cases or inquiries from outside the city, its usefulness to the society was limited.

The Michigan Children's Aid Society, in addition to maintaining an exchange of its own in which every case known to the society through any of its branches could be immediately identified, registered its cases in every city in the State where an exchange existed. The other six agencies registered all their cases, since the territory which each served was in every case fully covered by an exchange service.

[13] Since the completion of the study, the Children's Mission to Children has inaugurated a plan whereby a supervisor of case work is made responsible for all case workers. The various case workers specialize in investigating, home finding, or placing out, but may be called upon for the other kinds of work. This supervisor of the whole case plan for every child is assisted by a director of visitors who sees that the details are carried out.

The great value of the confidential exchange lies in the fact that it enables the agency to which application has been made to get in direct and immediate communication with any other agency that has known the child or family and to ascertain what plans may already have been made in his behalf. Of course, unless the agencies reported through the confidential exchange as previously knowing a child are communicated with directly, the practical value of registration is greatly minimized. Unfortunately a few of the agencies failed at times to follow up the clues; others communicated at once with all the agencies which had had any prior contacts with a given case.

Investigations as revealed by the records.

The investigations made by the vistors were undoubtedly better than the records would indicate, but evaluation of the work done must necessarily be based quite largely on the written evidence. The records of two or three agencies were so full and clear as to leave no doubt as to what had been done, even though the visitor who made the inquiry might be absent for the day or had long since left the employ of the society. In these records complete evaluation of the facts gathered, the impressions received, and the sources of information were clearly indicated. In other words, a diagnosis had been made, and the steps leading to it were logically outlined.

Steps in investigation.

In connection with their investigation several of the societies studied made it a matter of routine to verify the births, marriages, and deaths of all members of the family, and they interviewed relatives and former employers, landlords, and former neighbors; they also examined carefully the heredity, education, and particularly the personality of those seeking help. The verification of the applicant's story through these and other sources is not done, however, in any spirit of routine, but rather to get a true picture of the needs—physical, mental, and moral—based on the facts. With perfectly honest intentions individuals in need are as unable to give a complete and unprejudiced history of their own situations and reactions as is a physician to diagnose and prescribe treatment for himself. It is, then, as much in the interest of the clients to verify and amplify their statements as it is to ascertain additional facts bearing on their situations but often outside their range of knowledge. The policy of the societies which used this sympathetic yet scientific approach to their problems was to take clients more and more into full confidence, explaining to them quite frankly such points as: (1) What part relatives may play in throwing light on their difficulties, as well as in giving moral and financial assistance; (2) why a schoolteacher may be expected to give a more intelligent statement than they themselves as to school progress; and (3) why a physician is in a position to make a truer statement of physical condition. The importance of securing the cooperation of the applicants in working out a solution of their particular problems was being increasingly stressed by the more progressive agencies.

The difference between the earlier and present investigating methods of one society was brought out by a case known first in 1914. At that time a mother made application to have her 9-year-old boy

placed temporarily in the society's care. No investigation was made, and he was received for care; but shortly afterwards his mother took him with her to her place of employment at domestic service. Three years later the mother again applied to the society, this time for advice and help in finding a housekeeper to care for her child. The record did not show what, if anything, was done at this time. Apparently the matter was allowed to drop. In any event action was not recorded. In 1920 application was again made for care of the boy, then 15 years old, this time for permanent placement, as the mother had become insane. At this juncture the investigator arranged for the boy to be given a mental test. He was found to be feeble-minded (his intelligence quotient was 54), and the examining doctor recommended that he be committed to a school for the feeble-minded. Because only the superficial requests had been considered in the earlier applications, without regard for underlying causes and needs, the training and education which were this boy's due and which could be given only in such a school, had been withheld through those years when he would have profited most by them.

One society made a distinction between its investigations for long and short time care, giving more attention to the former than to the latter. The value of the work of another society which made no such distinction was illustrated by a case in which temporary care was asked for one child while the widowed mother planned to keep another with her. Careful investigation revealed a need of rather long-time care for both children. To take the one and leave the other in this instance would have delayed the time when a home for both could be had with their mother, who meanwhile needed an operation and prolonged convalescent care.

Difficulties of long-range investigations.

Unevenness in the work of at least three of the societies called attention to the need of a common standard of investigation and to the difficulties encountered in rural communities hampered by the lack of city resources. Where a society endeavored to serve a large area, as was the case with the Michigan and Pennsylvania Children's Aid Societies, the Florida Children's Home Society, and the New England Home for Little Wanderers, the best work was made possible through the development of local branches, general supervision of standards emanating from the parent office. The Florida society had no branch office at the time of the study (see p. 136).

Number of applications assigned to each visitor.

Cases were not handled so efficiently, nor were local conditions well understood, if an investigator's work extended more than 30 to 50 miles at most from her headquarters.

The Boston Children's Aid Society, which made very careful investigations, made a standard monthly assignment of not more than 12 new cases to each experienced visitor. This society acted upon 293 applications during one year; 174 of these cases were from within a 10-mile radius and only 51 from territory over 30 miles distant. The Children's Mission to Children, which also made excellent investigations, acted upon 192 applications during one fiscal year; 123 came from within a 10-mile radius, 49 from territory within a 20 to 30 mile radius, and only 20 came from more distant points.

Under usual conditions this society made an assignment of 12 to 15 cases a month to each visitor. The Children's Bureau of Philadelphia, all its cases coming from one city and its environs, assigned from 10 to 12 cases a month to each visitor; the character of its investigations entirely justified the small number. In contrast, another society which drew its applications from a city area but which assigned on an average from 25 to 30 new cases each month per worker, made, as might be expected, comparatively inadequate investigations.

A good investigation may be completed in a few hours. More often it covers several days, but an extreme case may take several months, and there must be a sufficiently large staff if situations are to be met promptly. An emergency occasionally arises that may justify a child's being taken for care pending the completion of investigation, but a wise holding back is often a kindness in disguise, though it has been found that skillful investigators develop undreamed of family and neighborhood resources that often prove veritable gold mines of cooperation. The following is an illustration of an investigation that covered a long period of time:

A young unmarried woman, pregnant at the time she was referred to one of the agencies of the study, at the request of the agency was given confinement and convalescent care by a maternity home. Meanwhile the agency continued its investigation; it was not until 11 months after she was first referred to the investigating department that the mother and her baby were placed at board by the society. From the outset the agency suspected family resources but for many weeks the girl persisted in denying their existence. During this period the visitor made frequent calls upon the girl, and while to outward appearance she marked time she was in reality gaining her confidence. One day this bore unexpected fruit when the young mother admitted the baby's resemblance to her own sister. The reserve broken down she poured out the whole story. Not at once even then was her permission gained to tell her family her story. But later her permission was obtained, the family learned about the baby, and it was only a short time before mother and baby were installed in their comfortable home. Altogether many days were given to this case.

One supervisor, connected with an agency that made careful social investigations, reported that in her judgment good case work occasionally demanded a departure from thorough investigation, but she promptly added that it was invariably regretted sooner or later. This agency, however, made careful investigations wherever possible. It followed up clues in a very thorough manner, though never in a routine or perfunctory way.[14] It accepted, as did most of the agencies, the facts reported as the result of a previous investigation by another agency, but always made further inquiries whenever such a course seemed for the best interests of the client. An illustration of this elasticity of method is afforded by the following story:

The baby of a well-educated unmarried mother was referred for adoption to a child-placing agency by the physician who had attended the mother at confinement. The mother, who was 40 years old and had plenty of money at her disposal, encouraged by the physician, had fully made up her mind in advance to part with her baby. The society realizing that to delay action was to lose touch with the mother, who, under the laws of the State in which she was living, could easily dispose of the baby through a newspaper advertisement, promptly agreed to place the baby pending the making of a final plan. The next step was to get the mother's confidence, and, if possible, to change her

[14] See Social Diagnosis, by Mary E. Richmond, pp. 342–370 (Russell Sage Foundation, New York, 1917).

attitude. To this end the influence of the mother's physician and lawyer (who were themselves reeducated to a wholly different view toward the mother's responsibilities) was sought and obtained. One significant entry in the record, indicative of the time as well as the effort expended to effect cooperation in this case, showed that on one occasion the visitor entertained the mother at her own home for Sunday afternoon tea and that the interview was prolonged for two or three hours. Plans were ultimately worked out whereby the mother should take a special course that would qualify her for an important position, for which she was fitted by training and general education. She was also assisted to prosecute the alleged father, whose name she persistently refused to divulge for a long time; as a result of the court action which followed he was adjudicated the father of her child and ordered to pay $5 a week toward its support. This woman came from a good family, and the individualized treatment accorded her was shown in the way the visitor met her on her own intellectual level. She not only invited her to her own home but attended concerts and lectures with her on many occasions, at one time spending a week-end with her in an institution where she was holding quite a responsible position. The investigation in this case covered many months of patient contact, and though the ultimate result was the adoption of the baby that plan was not entered into hastily nor accomplished without a full appreciation on the part of all concerned of what was being undertaken. Nor was it brought about until the alleged father had been made to feel his responsibility and, what is as important, not until his heredity and the mother's had been fully ascertained.

The following case shows how two agencies may work simultaneously on a case; it is also an example of how a sympathetically directed investigation may result in a wise plan:

A 14-year-old unmarried mother and her 1-month-old baby were referred to the child-placing society by the maternity home where the baby had been born. The society accepted the investigation previously made by the referring institution, supplementing that information with inquiries directed specifically toward a determination of the mother's fitness to care for the baby on the basis of her mentality and the likelihood that she could profit by further education. The mother and the baby remained at the maternity home meanwhile. A mental examination of the girl was made, based on her family history and school record. The examination was summed up in the record of the society as follows: "Emotional difficulties seem to have some influence in the way of producing a low mental rating; (9½ years Stanford revision scale) a probable moron. It is doubtful if she should be allowed the responsibility of her child without constant supervision. Any further work should be along vocational lines." An investigation of the girl's own home revealed a situation that made it impossible to consider allowing the baby to go there, though it was felt that the young mother might be allowed to return if given careful oversight. Her father being financially able to pay for the baby's board, it seemed a proper thing for him to bear that responsibility. The conclusions of the investigation were: "Baby to be placed by society, grandfather to reimburse for board, mother to return to her relatives under supervision of the society's investigator."

Efforts to preserve the family unit.

All the agencies studied were agreed as to the value of preserving the child's own home whenever that end could be attained with advantage to the child, and it was a cardinal principle with them all that no child should be taken for placement before every effort had been made to make his own home a desirable one for him. The degree to which this principle was made effective depended greatly on the existence and efficiency of certain local agencies, such as family-welfare societies, visiting teachers, and habit clinics, through which material relief and oversight might be obtained. In the absence of such organizations the responsibility of filling the breach usually devolved upon the children's society itself. Without such facilities families are bound to be broken up unnecessarily. The

story told later in this report (see p. 139) of the difficulties encountered and overcome by an agency working at long range and in a territory (Florida) which lacked such family organization is a striking illustration of this point.

In areas which were covered by family-welfare societies or in which county boards had developed methods of dealing with family situations it was the practice for the children's agency to turn over cases of this sort to them. Exceptions were sometimes made in those instances needing only slight adjustment, in which the introduction of a second agency might perhaps have worked a hardship. The following case is illustrative of how a children's agency kept in mind its objective of maintaining the child's own home, even though preliminary plans included two brief periods of care in a foster home:

A children's hospital which had been treating a 2-year-old girl asked placement for her because the grandfather with whom the parents were then living refused to allow the child to go to his home for convalescence. The society placed the little girl temporarily, the father promising to pay her board. Soon afterwards the grandfather died, and the child was at once returned to her parents under supervision of the society, which continued to provide milk and clothing for her. Later, when the mother became pregnant the child was again placed in a foster home. Immediately upon her mother's recovery she was returned to her home, and both children remained under the supervision of the child-placing society's nurse.

Decision as to reception of children.

After the investigation was completed and the facts were all at hand the next step was a decision as to a plan which might or might not involve the reception of a child for placement in a foster home.

In every society studied this decision was made through consultation. The only instances in which it was left to the judgment of one person were in the branch offices where the secretary in charge often had to make decisions unaided. The method generally approved was for the person who had investigated the case and was conversant with its details to make a recommendation to her supervisor, who in most cases passed final judgment. Where a question of policy was involved or a fine point was to be settled the general secretary, case committee, or an individual board member was consulted. Where a case committee existed, in addition to the cases brought to it for decision certain other cases which had already been decided upon were laid before it so that the committee members might be kept informed as to the numbers and types of children being received. It was found that an informal committee of this character was able to offer help and practical suggestions to the staff on the one hand, and on the other to carry an intelligent opinion to the other board members. Partly in consequence of this experience, the members of such case committees were very likely to be among the most forward-looking and active directors.

Provision for children not accepted for placement.

Since careful investigation as to the actual needs of each child resulted in more than two-thirds of them being provided for by relatives, by other agencies, or in other ways, it is important to ascertain when and under what conditions certain resources are found to be most useful. Unfortunately, although all the agencies studied had certain data on this subject, only six had kept such records that any reasonable comparison of their work in this re-

spect was possible. Even among these six no uniform definitions of terms had been adopted, and complete reliance could not be placed on the figures. For example, in using the word "case" it was by no means always clear that families were meant and not children;[15] and even when the figures were correct and uniform for the several societies, deductions had to be made warily and careful interpretation was necessary. For example, a large intake in proportion to applications received may mean that the applications came from communities largely or wholly deficient in local resources, for whom, therefore, the only solution was placement. This was true of the New England Home for Little Wanderers and the Michigan Children's Aid Society, both of which had branch offices serving such types of community. Or it may indicate a better recognition by the public of a society's specialization, resulting in a high percentage of applications that came within its legitimate province to accept for placement. On the other hand, the very low percentage of acceptance for placement in the case of one society was due, at least in part, to the location of the office, which made it easy to make applications of a general nature regardless of their suitability. In the three agencies (the Boston Children's Aid Society, the Children's Aid Society of Pennsylvania, and the Children's Bureau of Philadelphia) showing the lowest percentage of intake this result was traceable in part to the careful sifting of applications by a skilled social worker (for a discussion of the function of this staff position see p. 97).

Agencies are sometimes confronted by a difficult intake situation when institutions and agencies as well as individuals (frequently from other professions) prejudge a case and indicate at the time it is referred just how they expect it to be treated. These well-meaning but sometimes unwise persons and organizations miss the point that it is the business of the children's society first to make a diagnosis and then to prescribe treatment; they overlook the fact that such prejudgments may create a difficulty in effecting cooperation with clients. It is beyond the scope of this study to consider how much the desire to please contributors, politicians, courts, clergymen, physicians, other social agencies, and even generally to be agreeable, has delayed a better community understanding of the intelligent limitation of intake, but it is undoubtedly a factor in the situation.

FORMULATING THE PLAN FOR A CHILD'S CARE IN A FOSTER HOME

After the preliminary steps of investigation have been taken, the physical condition of the child examined, a study of his personality made, when full evidence is obtained regarding the probable length of time he will be in the care of the society, the amount of reimbursement to be expected from the parents settled, and plans as to the ultimate rehabilitation or permanent disruption of his family have been considered—then, and not until then, is the society ready seriously to formulate a plan for the child's care in a foster home.

[15] The practice of publishing in their annual report statistics of "cases" and "children" in separate columns, already adopted by several societies, makes this distinction clear wherever used.

All 10 agencies made such plans after a conference of one sort or another. Six (the Boston Children's Aid Society, the Children's Mission to Children, the New England Home for Little Wanderers, the Children's Bureau of Philadelphia, the Pennsylvania Children's Aid Society, and the St. Louis Children's Aid Society) had adopted the method of consultation on each particular case as it arose, between the supervisors of the departments of investigation and placing out, at which consultation the investigator who made the inquiry and the visitor who was to supervise the child in his foster home were also present, and the home finder. At this conference the whole situation was gone over in great detail (the record having been read in advance by all concerned), the investigator outlining the situation. It was the endeavor to make the situation as real to the placing-out visitor as it was to the investigator. With most agencies the plan was for the investigator to drop out of the case at this point, except in a few rare cases where it seemed desirable for her to continue her work for awhile with some knotty phase of the family situation. Before actually withdrawing from the case the investigator was expected to bring about a personal meeting of the child, his relatives, and the placing-out visitor, and to make the transfer between departments an easy and natural transition and not an abrupt termination of friendly relations. Great skill was often shown by trained and sympathetic case workers in making these introductions. Unless the transfer was effected with great care the result was likely to be unsatisfactory and the best-laid plans to go awry.

Physical examinations.

The method by which physical examination before acceptance was given, its thoroughness, and the control which the agency had over it differed among the agencies. They all agreed as to the value of preliminary routine examinations of all children before placement and often children for whom plans other than acceptance for placement were in contemplation. A few agencies, including those with branches where the complication of distance made uniformity a serious problem, depended to a considerable extent upon local physicians, who were asked to make the physical examination in accordance with blank forms furnished by the central office of the society.

Six agencies were especially thorough in their methods, examining every child that came under care, and deserve special comment; but since their work is described under the individual agencies it will be given only brief mention here. The Children's Aid Society of Boston, the New England Home for Little Wanderers, the Pennsylvania and St. Louis Children's Aid Societies, the Children's Bureau of Philadelphia, and the Jewish Home-Finding Society of Chicago provided for the routine physical examination of every child usually on the day he was received for foster-home care.[16] The examination was also extended to certain children whose applications were still under investigation and for whom a plan had not been determined. Not infrequently the acceptance of a child was decided on the medical findings.

[16] A few months prior to the study the Children's Mission to Children established routine examinations every six months for all children.

Psychological study of child before placement.

With physical examinations firmly established as a necessary part of an intelligent program for child care, especially when the plan for a child involves placement in some home other than his own, children's agencies are learning the importance of knowing more about the mental make-up of their charges. The value of personality studies as an aid in the selection of foster homes adapted to individual needs has gathered momentum in recent years. Formerly mental examinations were sought only when mental disease or defect was self-evident or suspected in the individual or noted in the heredity. Mental hygienists now teach the value of understanding personality traits in the normal child, such an understanding leading to greater conservation and development of latent qualities and pointing the way to a fuller use of special abilities. Doctor Dunham says, "All child-placing agencies ought to require frequent investigations of intelligence and character organization as well as of physical vigor." [17]

Judgments differ as to the relative value of studying children under the controlled conditions of an institution and the more nearly normal one of foster-home care. From conditions revealed by the study it would apear that for the present at least both are needed. Except in communities adjacent or fairly accessible to large centers it is probably impracticable to contemplate intensive personality studies of children in foster homes; for these sections the well-equipped institution meets a definite present need. (For description of child-study programs in certain agencies see pp. 121–132.)

HOW FOSTER HOMES WERE FOUND

Home-finding staffs.

The success of placing out depends to a very definite extent on an adequate number of suitable foster homes being available at a given time. In view of the importance of this fact it is strange that only within a comparatively recent period has foster-home finding been considered seriously as a job demanding a techinque of its own for which certain social workers might especially prepare themselves. Formerly, it was thought that placing-out visitors whose main business was the supervision of placed-out children could investigate applications from prospective foster families in their odd moments. "If," says Mr. Murphy, "potential foster homes are studied in exactly the same way that other families known to social agencies are studied, the element of chance is increasingly eliminated, and then is there possible that adjusting of particular children to particular families which so many of us have talked about and so seldom realized."[18]

Eight of the agencies studied had social case workers, termed home finders, assigned for full-time duty to the discovery and investigation of foster homes.

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[17] Dunham, Francis Lee, M. D.: "Social interpretations of mental estimates." Hospital Social Service (August, 1923), p. 79. For discussion of this matter see also "The handicap of the dependent child," by Alberta S. B. Guibord, M. D. (The Survey, August 16, 1920, pp. 614–616).

[18] Murphy, J. Prentice: "The foster care of neglected and dependent children." Annals of the American Academy of Political and Social Science, May, 1918, p. 123.

The home finders of four of these societies (The Boston Children's Aid Society, the New England Home for Little Wanderers, the Children's Bureau of Philadelphia, and the child-caring department of the Society of St. Vincent de Paul of Detroit) were under the direction of the placing-out supervisor. Four other societies (the Children's Mission to Children (Boston), the Pennsylvania Children's Aid Society, the Jewish Home-Finding Society of Chicago, and the St. Louis Children's Aid Society) maintained separate home-finding departments which were coordinate with their investigating and placing-out departments and under the direction of a separate supervisor.[19]

Types of foster homes.[20]

Adoptive homes.—All the agencies placed at least a few children in adoptive homes, but the Children's Home Society of Florida and the Michigan Children's Aid Society specialized in this type of care. It was impossible, however, to determine the full number of children so placed because the reports of three large societies combined such children with those placed in free homes. A total of 546 children in adoptive homes during the period of the study was reported by the seven agencies giving separate data on this point. The Boston Children's Aid Society needed very few adoptive homes, and its home finder directed her efforts with frequent success toward transferring prospective adoptive-home applicants to free or boarding home foster parents.

Free homes.—This type of home was used by all the agencies. Since no distinction was made between free homes for children obviously too young to give anything in return for their board, and those for older boys and girls quite capable of working in return for their board, the statement that 991 of the total 1,472 children had free homes has very little significance. This is especially true inasmuch as this total included the large number of children in adoptive homes from the three societies that did not report separately under that heading.

Boarding homes.—The 10 agencies reported over 2,000 children annually cared for in boarding homes, the Pennsylvania Children's Aid Society alone providing for more than half this number (1,039). With the exception of the two agencies which placed many children in adoptive homes (the Children's Home Society of Florida and the Michigan Children's Aid Society), the agencies placed more children in boarding foster homes than in all other types of foster homes combined. The boarding-home work of four agencies so far exceeded all other forms of placement as to make these other forms all but negligible in their cases (the Boston Children's Aid Society, the Children's Mission to Children, the Philadelphia Children's Bureau, and the St. Louis Children's Aid Society).

Wage homes.—A boy or girl (generally a girl) employed in the household, was classified as in a wage foster home. When the child went out from the home to daily employment and paid board from his earnings, he was said to be in a wage boarding home. Nine

[19] Since the study the Children's Mission to Children has abolished departmental lines, the various steps in each case, from start to finish, being directed by a supervisor of case work. The home finder, however, a person of wide experience, finds and classifies her homes independent of direction. The final adaptation of the family to the child is done in conference with the supervisor.

[20] For definition of foster homes see p. 2.

societies had placed some 300 children in wage foster homes; six had provided for 150 in wage boarding homes. One society, which placed large numbers of the children in free homes, disapproved of the use of both wage foster and wage boarding homes, fearing exploitation of the children. This fear was not shared by the other agencies, which had demonstrated an ability to adjust wages and requirements in accordance with the individual capacity of each child, and by a system of close supervision to control the kind and amount of work done.

Methods by which foster homes were obtained.

The home finders spent a definite amount of their time in devising ways and means of stimulating requests from desirable applicants to receive children into their homes. Newspaper advertisements, though bringing a large response, were looked upon as resulting in a comparatively small number of homes that met the test of approval. Radio talks and speeches before such bodies as women's clubs and church organizations were approved, but no large returns could be traced to them. Homes suggested by other foster mothers netted a high percentage of approvals. The Michigan Children's Aid Society reported that the society was so well known that many applications came unsought, and added that a good placement usually brought several applications from the neighborhood. A number of families boarding children for the Pennsylvania Children's Aid Society had inherited this service from their parents. The home finders of the various children's agencies located in Boston had formed an organization for the raising of standards and the exchange of methods of obtaining foster homes.

Several agencies reported more difficulty in finding enough boarding homes for infants and boarding or free homes for older boys than other types of home. In most sections, notably New England and the Middle Atlantic States, where placing work had been carried on the longest and where the boarding work had reached its greatest development, difficulties were encountered in getting enough homes that met the ascending standards set by these agencies. The solution of such a situation appears to lie in two quite different but not conflicting developments. The first is that there should be even greater effort in the future than in the past to do preventive work with families that will forestall the family breakdown. Perhaps the very obstacles encountered in finding foster homes will be an indirect means of forcing attention to the need of setting up better standards of family life than now exist, such as better health and housing conditions, better-regulated employment, more supervised recreation, more individualized education, and better social legislation. Such strengthening of family life would reduce the need for foster homes in the proportion that provision was made for keeping children in their own homes. The second approach to a solution of the problem of shortage of foster homes may come through a franker recognition than has yet been accorded the need of seeking boarding foster mothers who will accept this as a life job worthy of careful preparation.[21] This will necessitate giving such foster mothers a compensation more nearly approximating the service rendered than has

[21] The Simmons College School of Social Work furnished two extension courses for foster mothers, one during the spring, the other in the fall of 1924. Seven agencies paid tuition for foster mothers who attended these lectures.

heretofore been contemplated, except in the rarest instances, even by the most forward-looking agency.

Standards required in foster homes.

The evaluation of foster homes was made by the agencies from various angles, both material and moral. Communities were studied and their educational, recreational, and health facilities duly weighed. Certain communities were excluded for placing purposes for certain types of children, because of unsatisfactory conditions such as unsupervised transportation to and from school, "inexperienced and underpaid teachers who are constantly being changed," "lack of organized recreation facilities for adolescent youth." The following points were considered in the physical equipment of the individual home: The number and location of its rooms (especially sleeping arrangements), the condition of the cellar, water supply, and toilet facilities, and of the yard, garden, and livestock. A growing practice with a few of the agencies was the incorporation in the record of a floor plan of each home. The personalities of the various members of the family were given due regard, their education, religious affiliations, financial status, social position, and moral character being covered. The underlying purpose of the family in wanting a child was carefully gone into and their plans for making him one of the family and furthering his religious training, education, and recreation.

Homes were not approved by agencies doing the best type of work unless there was evidence of sterling moral character and appreciation and understanding of child nature combined with a desire to be of service, nor unless there was sufficient income to insure a standard distinctly above the poverty line. The Children's Bureau of Philadelphia, which stressed the personality of the household members, always obtained a very complete history of the early life of the foster parents, and if the family was childless was careful to inquire into the reasons for this condition. The home finder for this and other societies always discussed with the prospective foster parents the general subjects of discipline, recreation, and sex instruction and aimed to select teachable foster parents.

The following instance of a home that was disapproved finally is illustrative of the care taken in evaluation:

> A brother and sister approximately 45 and 35 years of age had an unusually attractive home and an unquestionably adequate income. The final disapproval of the home was based on the anticipated lack of ability to cooperate fully with the society. This opinion was based on: (1) Their refusal to fill out the application blank; (2) their objection to giving references; (3) the sister's friction with the faculty while in college, and (4) the conclusion that she was an "egoist, lacking in humor, who would not look at things from the child's viewpoint; who would crush and not develop him." The first two objections were not given serious consideration until the home had been very carefully investigated through seven independent references, most of whom were seen, and after a careful personal study of the brother and sister had been made by an investigator of keen sensibilities and well-balanced experience.

The requirement regarding formal education, as distinguished from native intelligence, of foster parents varied from very little education if the home was to be used for boarding infants or children of small mental capacity, to a high-school education or more if the home was to be used for older children with good mentality, especially when plans were under way for their higher education. Other

things being equal, it was recognized that more than grammar-school training was desirable in the foster parents, but it was not considered essential except in the cases indicated. Practical and trained nurses, former teachers, and dietitians were among those found to be caring for children.

The acceptance of a home by the Boston Children's Aid Society depended very much upon the personalities of the foster father and mother, the purpose and spirit of the family, their reasons for taking a child, and their attitude toward his future education, religious training, and educational needs. They must first be people of character, in good standing in their own community, and able to offer a child, besides affection, a real home atmosphere and intelligent training. These requirements being met, the following standards were required: (1) Sufficient income for family needs without board from children; (2) sufficient room to afford a separate bed for each child if not a separate room (of 280 children reported on, 124 were occupying separate rooms and 156, separate beds); (3) pure water and sanitary conditions; (4) schools near, or transportation to them by supervised bus or by the family conveyance; (5) a church connection for the family with church privileges for the children; (6) a doctor's word that to his knowledge the general health of the family is good; (7) a definite understanding as to the amount of work that will be required of the children; and (8) some recreation offered. In determining the fitness of a home this agency recognized different standards according to the needs of the children under consideration. For instance, a home for a baby would require that special emphasis be placed on sanitary conditions, facilities for outdoor sleeping, and the foster mother's education for and experience in caring for infants. For a child who presented a conduct problem, the intelligence and especially the moral character of the foster parents, and the desirability of the community from an educational and recreational point of view were considered of special importance.

The home finder of the Children's Mission to Children stated that given a right purpose and good personal characteristics in the family and good physical surroundings she would place the emphasis on religious influences and the character-building qualities of the foster mother, who should be essentially a home maker rather than a home keeper. In at least one agency homes which were approved received periodic write-ups which were appended to the original investigation. These were of value in making later placements in the same home. Examples of the entries on the records were as follows: "Family gave generous and sympathetic treatment to the boys and were patient with them, dealing intelligently with their faults." "Family took deep interest in boy and did all they could to help him, and he gained physically and made a good start in the two months he was in the home. Although the foster mother is somewhat older than the average foster mother she is young in spirit and has a way of appealing to the boys."

Crowded business and factory districts were not looked upon by any of the agencies as acceptable communities in which to place children. Isolated farm homes were used less frequently than formerly, since however desirable the family itself, such homes were not likely to afford either the educational or the recreational facilities needed by growing boys and girls. Suburban homes with open spaces

around them and good community facilities—such as supervised playgrounds, libraries, and community centers—were the type most approved. Such homes were also found easier to supervise than the more distant farm homes. One society insisted on boarding children under 3 years in homes having a sleeping porch. This same society was very careful that every child's sleeping room should be light and airy, and occupied by not more than two children, each with a separate bed. It furnished cribs for the babies when the foster parents were unable to do so.

All the agencies placed Catholic children in Catholic homes, Jewish children in Jewish homes, and Protestant children in Protestant homes, and earnest endeavor was made to have these families connected with the church of their faith. The child-caring department of the Society of St. Vincent de Paul of Detroit required that its foster parents be practical Catholics, including those with whom babies were boarded. The Jewish Home-Finding Society of Chicago, although insisting on Jewish homes for the older children, placed infants up to 2½ or 3 years of age in non-Jewish homes, partly because it found that the Jewish women had less experience with bottle-fed babies than did the average non-Jewish mother. No particular effort was made to have the Protestant children placed in homes of their own denomination, but for older boys and girls with definite denominational affiliation, arrangements were made whenever possible for attendance at the church of their preference.

Separate standards for different types of home.

Most of the agencies made a more thorough investigation of an adoptive home than of any other type, going into more detail with reference to its economic status and making much more effort to see the adoptive father. The difference, however, was likely to be in emphasis rather than in kind. In fact, with most agencies a foster home could be classified (as adoptive, free, boarding, or wage) only after the investigation was completed. Numerous instances occurred of homes offered for one kind of care being converted to use for another kind, and in the course of years, of the same home taking children on various terms; indeed a single foster home has been known to have children on different terms at the same time. It seems clear that the same standard of investigation in every case would be the safest plan, for too much can not be known about a home caring for a child who is placed in it by an agency. Whatever may be the financial terms of his acceptance, the agency has the primary responsibility of placing a child in a home where he is likely to grow up or at least to live during the formative period.

A few agencies discriminated between investigations of homes for long and short time use, on the theory that it was not necessary to be so particular in selecting homes for short-time care. One agency which placed many children for adoption was sometimes satisfied with a less intensive investigation than was considered essential by the other agencies, as was indicated in the following quotation from a leaflet issued to invite attention of prospective adoptive parents: "The next step is for the foster mother and father to apply in person or in writing * * * giving brief information about the kind of home they have, their ages, whether there are other children in the family and whether they want to adopt a boy or girl, and the age they prefer. Usually the agency will send

a representative to the home, references are generally required, and the agency and the family take whatever action may be necessary to satisfy both."

The Michigan Children's Aid Society may be cited as an example of the caution exercised in establishing facts relative to the fitness of foster homes. This society took the precaution not only to visit every prospective home but to corroborate the impression thus gained through correspondence and visits to persons acquainted with the family life, the business reputation, and the standing of the different members of the household. Care was exercised to see persons other than those suggested by the family itself as references, nor were these inquiries limited to the immediate situation. Often persons were sought out who had known the family when it was living in another city or town, sometimes in a quite different section of the State.

Procedure prior to approval.

As has been stated, the process of investigating foster homes is in its infancy as compared with that of investigating applications for the care of children; it is, however, going through exactly the same evolution and bids fair in time to be done equally well.

The social-service exchange.—The utility of the social-service exchange in economizing time and service has long been recognized in case work. It was used for foster-home applications by eight agencies. Of the two agencies not registering with social-service exchanges at the time of the study, one had ceased doing so only because other child-placing societies in the same city did not register their homes and in the agency's judgment there seemed to be little point to its solitary registration. Interesting disclosures have come to light since registration of foster homes has become the practice with child-placing agencies, of which the following case is an example:

> The home of Mr. and Mrs. B was under investigation. The references, including one from the family doctor, all spoke highly of both the man and his wife; the visit to the home was highly satisfactory. It was at this time that the agency which heretofore had not registered with the social-service exchange decided to inquire in a few cases and thus test its usefulness. This home was submitted among others and the report returned that Mr. B was known to the social-service department of a general hospital. Inquiry at that department revealed what the family physician did not know, namely, that Mr. B was in an active syphilitic condition and would be a source of danger to young children.

References.—References, both those given by the prospective foster family and others sought independently by the investigator, were considered essential. The number required varied from four to six or more, and those of relatives were not accepted. Clergymen, doctors, librarians, teachers, and other persons of official or recognized standing in the community were called upon to confirm or supplement the information acquired. In doubtful cases the number of independent sources consulted was limited only by a clearing up in one way or another of the question in dispute. The most progressive agencies were supplementing the use of blank forms by personal letters and by visits to references, especially where a written reference was doubtful or conditional. All but two of the agencies had either made it their policy to visit two or more references, or were equipping themselves to this end. Even in the case of the two exceptions follow-up was made where the home finder felt doubtful. One of these two agencies always visited references when

adoption was contemplated. In interviewing family references the home finders of the Children's Bureau of Philadelphia were guided, but not restricted, by the following items to be considered: Moral integrity, domestic relations, health, disposition and temperament, responsibility of both man and woman toward home, care of own children, type of housekeeping, education, spending of leisure time, interests in community, and earlier history. They were asked to state always whether the prospective foster family's or independent references were being interviewed and to characterize references, and if information was obtained under difficulty to make a statement to that effect.

Visit to the home.—The policy of visiting the prospective home was almost universally indorsed by the agencies studied, and with one exception the home was always seen as a prerequisite to use. The society making this exception did so only in cases where the home was over 150 miles distant from the society's home office, in which case the recommendation of a local official might be accepted in lieu of a visit by an accredited agent of the society.

Policy in relation to seeing the foster father.—It was found that foster fathers were not receiving their proper share of attention so far as being interviewed as a preliminary to the approval of a home was concerned. Practical difficulties were in the way of such interviews. But as children's agencies came to appreciate the importance of the father as a member of a household, greater effort was being made to see them before the home was accepted for use, or at the latest at the time of a first placement. A special urgency for interviewing the foster father was recognized when a home was under consideration for an older boy or girl, and in the case of adoptions such an interview was the accepted policy.

Method by which home was approved.

The method of approval followed by most of the societies was the same general procedure as was called for in the approval of applications. The majority of the agencies vested the supervisors of home finding with authority to approve or disapprove of homes, questions of policy being referred to the general secretary or the case committee where one existed. Of 1,531 foster-home applications considered during 1923 by the Boston Children's Aid Society, which had a high standard of investigation, 93 (only 6 per cent) were approved for use—4 for adoption, 9 for free homes, 11 for wage homes, and 69 for boarding homes.

Standards of investigation.

An outline of captions for foster-home records, which had been adopted by several Boston agencies, had resulted in some write-ups of foster-home investigations, especially by the home finder of the New England Home for Little Wanderers, that were replete with information. They gave such graphic pictures of the situation in the homes that a visitor contemplating a home for a child, though she had neither seen the home nor interviewed the foster parents, could judge quite accurately concerning the physical surroundings as well as the personal qualifications of the family members, their social and economic status, and their interest in the community activities. The outline adopted by the Boston agencies was as follows:

APPLICATION: Source and object.
CONFIDENTIAL EXCHANGE: Registrations given.
TO REACH: Directions for reaching home.
COMMUNITY: Churches, schools, recreation, size and type of town (industrial, social, and civic), scouts, clubs, community interests, health, libraries.
NEIGHBORHOOD: How thickly settled, type of homes, etc. Any distinctly undesirable features in the neighborhood. Water supply. Distance from schools, church, car line, etc.
HOUSE: Exterior—type, porches, screens, barn, condition of repair, grounds, garden, flowers, animals kept, etc. Interior—house well built? Arrangement of rooms, foster child's room, cleanliness, order, taste in arrangement of articles of furniture and decorations, magazines, books, pictures, musical instruments and type of music, sanitation, ventilation, heating, lighting, icebox.
FAMILY:
Personnel: Members and ages, and others in household.
History: Man of the family—birthplace, home as a boy, education and occupation before and after marriage, previous marriage, relatives. Woman of the family—birthplace, home as a girl; and home, education, and occupation before marriage, previous marriage, if any, and first marriage name, relatives. Children—those at home—occupations, education; those away—married, occupations, education.
Health: Past and present of all members of the family.
Finances: Income, rent, mortgage, insurance.
Interests: Church and club activities, community interests, neighborliness, movies, home making.
Experience: With children.
CHILD: Foster mother's motive and preference, child's relation to family, plan for child's future, term. If wage home, recreation allowed, wages to be paid.
GENERAL IMPRESSION: Of home and community, members of family seen and absent.
INDEPENDENT REFERENCES: Reports of interviews with independent references obtained during home visit.
RECOMMENDATION: For use of home.

The following outline, although not expected to be used uniformly, was recommended by the Children's Bureau of Philadelphia as a guide to the points which should be kept in mind in the investigation of a prospective foster home:

1. Community: Type; character of its social and civic life; standing; its schools (high school?); possibilities for industrial work for boys and girls above school age.
2. Neighborhood: Type; character.
3. Home: Exterior—grounds (garden, etc.); barns; drainage; water supply; interior—type of house; arrangement of rooms, particularly sleeping rooms; cleanliness; tidiness; taste and arrangement of furniture; possessions, books, pictures, etc.
4. History: Man of the family—previous marriage, if any; birthplace; home as a boy and before marriage; education; occupation. Woman of the family—previous marriage, if any; birthplace; home as a girl and before marriage; maiden name; education; former occupation; children—those at home, occupations; those away, names, if married daughters; occupations.
5. Glimpse of family life which visit affords.
6. General discussion: In relation to home making; housekeeping; bringing up of children; outside interests; church, religion; use of spare time, hobbies; experiences of life; philosophy of life; social service (in its broadest sense).
7. Personality of woman as gathered during conversation; of man as given consciously or unconsciously by the woman; of children given consciously or unconsciously by the woman.
8. Visitor's interpretation of family's qualifications; its assets and its liabilities.

A striking illustration was cited of the need of visiting every prospective home and not depending solely on references:

All the references for a certain family had been unusually favorable, including one from another child-placing society which some years back had used

the home for several months. Their society's representative admitted, however, that the worker who had personal knowledge of the home was no longer in its employ and that the record was meager. A visit from the home finder of the New England Home for Little Wanderers revealed a well-meaning but ignorant couple, quite obviously unequal to the task of bringing up children. To quote the record, the home was "disapproved because of crowded quarters, crude home life, and lack of culture and refinement."

An instance of discriminating judgment and the recognition of the limited usefulness of certain homes is shown in the following from the records of the same society:

Visitor feels that if a definite schedule for feeding and habits of a child were drawn up, she (the foster mother) would conscientiously follow them, but that if left to her own judgment she would probably show the same lack of system that her housekeeping evidenced.

The record also went explicitly into the degree of skill with which the foster mother had brought up her own family, stating that educational advantages had been obtained for them. It also related in some detail the foster mother's earlier experience in bringing up younger brothers and sisters. The final recommendation was:

With careful guidance on the part of a child's visitor Mrs. D would conscientiously care for a young child (not over 5 years). Would hesitate to place an older child in the home for fear Mrs. D would not be firm enough.

Rates of board paid.

The following table gives the rates of board paid by each of the 10 agencies for children under 2 years of age and children 2 years of age and over, and indicates the maximum and the minimum board paid for a child:

Rates of board paid by 10 child-placing agencies for children under supervision in foster homes

Agency	Rates of board paid for time unit indicated			
	Children under 2 years of age	Children over 2 years of age	Minimum	Maximum
Boston Children's Aid Society	$5 a week	$4.50 a week	$3.50 a week	$7–$14 a week.[1]
The Children's Mission to Children.	------	---do---	$4 a week	$10 a week.
The New England Home for Little Wanderers.	$5 a week	$4 a week	---do---	$7 a week.
The Children's Bureau of Philadelphia.	$10 a week	$5–$6 a week	$5 a week	$12 a week.
Pennsylvania Children's Aid Society.[2]	$4 a week	$3–$3.50 a week	$2–$3.50 a week	$4–$5 a week.
The Children's Home Society of Florida.	------	$5 a week	$4.50 a week	$7–$12 a week.
The Michigan Children's Aid Society.	$5 a week	$4.50 a week	$3.50 a week	$7–$10 a week.
The child-caring department of the Society of St. Vincent de Paul.	---do---	---do---	------	$6–$8 a week.
The Jewish Home-Finding Society of Chicago.[3]	$20 a month	$18 a month	$8 a month	$40 a month.
The St. Louis Children's Aid Society.[4]	$15 a month	$14 a month	------	$25 a month.

[1] The higher rates were paid for care in special temporary foster homes in which children were boarded for a court.

[2] The regular rate for temporary homes was $5 a week for children 2 years of age or over, and $7 a week for children under 2 years. The maximum rate was $9 a week.

[3] In the cases of an epileptic girl and a superior but very difficult boy, $15 a week was paid by the Jewish Home-Finding Society.

[4] Five small Japanese children, one of them feeble-minded, were being boarded in one home for $80 a month. A blind baby and a child with a 4-plus Wassermann reaction were being boarded for $20 a month each. An extra service given freely by most of the foster mothers was taking children to and from the dispensary, which is located in the extreme western part of St. Louis.

Recording the successes and failures of foster homes.

One of the most recent developments in foster-home work is the recording of the experience with a home after it has been used. Even with the most careful and painstaking investigation the final test of a home is its use. Moreover, situations often change, and a home that is very desirable at the time of approval may deteriorate, or, as happens just as frequently, may develop unsuspected qualities of usefulness. For these reasons it is very valuable to have periodic write-ups on both homes in which children are placed permanently and those where their stay is limited to a few weeks or months. A statement should always be entered on the record at the time of a child's removal and at regular intervals when a child remains in a home for a long period.

The Jewish Home-Finding Society of Chicago had introduced the following score card for rating its foster homes when the home was first investigated and approved, and every six months thereafter so long as it was in use:

Standards required of foster home

1. Personality of foster mother:
   Consider personal appearance; ability to win child's confidence and friendship; temperamental peculiarities; morality; her resources and probable teachableness—
   - High 20
   - Middle 15
   - Low 10
   - Lowest 5
2. Housing:
   Consider location; convenience of approach; primary home facilities; sanitation; ventilation; cleanliness and order; arrangements of rooms; proximity of play spaces; conditions of the porch and yard—
   - High 20
   - Middle 15
   - Low 10
   - Lowest 5
3. Environment in the home:
   Consider the income. Does it allow for social growth? Consider social life of family; educational standards; spiritual qualifications; is the family circle complete or incomplete—
   - High 20
   - Middle 15
   - Low 10
   - Lowest 5
4. Child-caring practices:
   Mother's mental alertness in relation to the care of her own home; the care of her own children; the physical appearance of the foster children, such as cleanliness of neck, ears, head, scalp, etc. The regularity of habit of the family; household rhythm; the adjustment of foster child to the situation—
   - High 20
   - Middle 15
   - Low 10
   - Lowest 5
5. Cooperation:
   Consider the ability of woman to work in harmony with those around her. Her understanding of her own children; her interest and ability to cooperate with the organization; with the child's own relatives; with outside social resources—
   - High 20
   - Middle 15
   - Low 10
   - Lowest 5

The following excerpts from the write-up of a home used over a period of several years for different children supervised by different visitors, are offered in illustration of the value of such records for future placement:

Home used for Jennie and Rupert who received splendid care and training. The foster mother unusually cordial in welcoming parents to visit children, and all children in this home are happy. "Gives excellent care to babies in home and to delicate children who have to receive constant hospital treatment." Foster mother and daughter kind, painstaking women; should, however, be watched about quantity of milk children receive, also about sleeping arrangements, as Thomas, with a heavy plaster cast from thigh to ankle, was found to be sleeping with Jacob, who had had an operation for empyema. Children thrive in this home and are always happy.

TEMPORARY PROVISION FOR CHILDREN AWAITING PLACEMENT

What happens to children immediately they are received by placing-out societies? Has the society a receiving home? Do the children go directly to their permanent foster homes? These are questions frequently asked by inquirers regarding child-placing methods.

Experience teaches that many, perhaps most, children may remain with parents, relatives, or friends until suitable foster homes are found for them. The number of necessary emergency placements is smaller than is generally supposed. The better the case work done at the time of application the fewer do such placements become. In fact, the best children's workers are coming to feel that the real emergency, the one that calls for immediate provision for a child, is so rare as to be almost negligible. However, it is occasionally necessary to make prompt provision for a child. Temporary care is necessary also for the children who must be studied medically and psychiatrically before they can be placed successfully in more permanent foster homes.

Placement direct in foster home.

Seven of the agencies studied placed every child immediately on reception in a foster home. Three of these (the Michigan Children's Aid Society, the Florida Children's Home Society, and the New England Home for Little Wanderers) kept certain foster homes, termed temporary, almost exclusively for care following reception. Four (the Children's Bureau of Philadelphia, the child-caring department of the Society of St. Vincent de Paul of Detroit, the Jewish Home-Finding Society of Chicago, and the St. Louis Children's Aid Society) had neither a receiving home nor temporary foster homes; they placed their children immediately on reception in their regular boarding foster homes. The three societies which maintained receiving homes sometimes used foster homes for immediate placement.

Agencies maintaining receiving homes.

Three agencies maintained homes for the reception of children before placement in adoption or boarding homes. The Michigan Children's Aid Society conducted two such homes—one in conjunction with State office headquarters at Lansing and the other at St. Joseph. The Florida society had two receiving homes—one at Jacksonville and the other in the western part of the State at Pensacola.

Almost all children received for care by this society were placed in one or the other of these homes until they were placed for adoption or in free boarding homes. The New England Home for Little Wanderers used its institution in Boston for all children received through the headquarters office and for problem children referred by the branches. Other children received by the branches were placed in local foster homes, usually homes that were expected to be permanent.

Length of first placement in foster homes.

The following list shows the percentage of replacements by the various agencies three months after original placement and indicates that the length of the first placement in foster homes for all the agencies was usually short:

	Per cent
Children's Mission to Children	39.0
Boston Children's Aid Society	46.4
Children's Bureau of Philadelphia	58.1
St. Louis Children's Aid Society	57.4
Michigan Children's Aid Society	66.1
Pennsylvania Children's Aid Society	71.6
Children's Home Society of Florida	([22])
New England Home for Little Wanderers	([23])

METHODS OF PLACEMENT IN FOSTER HOMES

Selection of a foster home.

The Pennsylvania Children's Aid Society outlined their procedure in selecting a home as follows: The home finder being notified that a certain child was to be received by the society conferred with the reception department (and read the records of investigation) the child-study department, and the medical department, all three departments having already had contacts with the child or his family. If a child already in a foster home was to be changed to another home she conferred with the supervisor and with the placing-out visitor who had known the child in his former foster home. If the change of homes involved a change of visitor, then she interviewed the prospective as well as the former visitor. In the last two cases she also talked with the foster mother who had had the child. In the case of an older child she often had a personal talk with him also. Thus the home finder gained first-hand intimate knowledge of a particular child's needs and on it based her recommendation for the foster home to which he was to go.

The procedure of the Boston Children's Aid Society required that the placing-out visitor to whom the child was assigned should confer with the investigator and then with the home finder, the record of the investigation having been read by all concerned. At this conference the needs of the particular child were gone into—the probable length of his stay with the society, his relation to his own folks, the necessity for visiting them, and his educational, health, recreational, and employment needs. The visitor was particularly concerned with the make-up of the foster family and its temperamental assets in relation to the child's liabilities. Arrangements were

[22] Of 31 children 16 were replaced within the period.
[23] Of 18 children 9 were replaced within the period.

made at this time for the placing-out visitor to be introduced personally to the child who was from then on to be her responsibility, thus making his transfer a human and natural affair. Subject to the approval of the placing-out supervisor a home was selected at this conference. If the home-finding department could not supply a home that reasonably approximated the one desired it was that department's job to search further for such a home. Meanwhile the placing-out visitor was privileged to hunt for one independently, on the theory that it was her ultimate responsibility to provide a home for the child. Any home that she selected had to receive the approval of the home finder. However, comparatively little home finding was done by the placing-out visitors, who as a rule planned for children to remain with their parents or to go to temporary foster homes until suitable permanent homes became available.

Placing brothers and sisters together.

In line with their attitude toward the conservation of family life all agencies endeavored not to separate brothers and sisters. For practical reasons, however, it was often beneficial that they should be in separate homes, though not necessarily in different towns. Where for reason of health (which included feeding problems incident to infancy), conduct, or mental disability it was found expedient to part brothers and sisters, the aim was to keep them in frequent communication during the period of separation and to reunite them as soon as the particular difficulty had been removed.

That the spirit of keeping related children in touch with each other, though approved by all the agencies, was not always lived up to was shown by the following incident of a boy of about 12 years, who, while attending a medical clinic, eagerly asked an attendant the name of a little girl who had just gone out, remarking that she looked like his little sister whom he had not seen for two years and whose whereabouts he did not know. Some excellent reason probably existed why these two children were being allowed to grow up in ignorance of each other's whereabouts, but such an instance at least requires explanation.

The advantage which sometimes comes from separating brothers and sisters is the other side of this picture, which is illustrated by an experience of the Boston Children's Aid Society: A family of five children were first placed together. First an older girl, who was having too much care of the younger children, was taken away and later, the baby—a delicate feeding problem needing the undivided attention of a foster mother especially skilled in the care of infants. When his feeding was adjusted the baby was returned to the family group.[24] At the time of the study this society had 26 related children placed together and 21 related children placed in different homes. In addition, nine unmarried mothers were in different foster homes from their babies, and eight such mothers were placed with their babies.

[24] The director of the child-study department maintained by the Pennsylvania Children's Aid Society and the Children's Bureau of Philadelphia illustrates the same point in a case which reveals the opposing needs of two sisters. See The Need for Psychological Interpretation in the Placement of Dependent Children, by Jessie Taft (Child Welfare League of America, Bulletin No. 6, April, 1922).

Number of unrelated children customarily placed in the same family home.

The general policy of the several agencies, except in cases of adoptions, was to place not more than two or three unrelated children together. Exceptions to the rule were sometimes made in very short-time placements, especially those of younger children. The Massachusetts law requires that any person who receives for compensation more than one infant under 2 years must obtain a license.[25]

Method of introducing a child to a foster home.

Recognizing the psychological importance to the child of making a happy and favorable entrance into such a new and untried phase of his life as going to a foster home, the 10 agencies had adopted the policy of protection and preparation in introducing the child to his foster home. By no society was he ever allowed to go to the home unaccompanied. Rarely and only under special conditions, did he meet his prospective foster mother at the office of the society, or, indeed, anywhere outside her own home. The great majority of the children were accompanied to their new homes by their visitor, who made the introduction and transition as natural as possible. Frequently the visitor remained an hour or more until the child became a little accustomed to his surroundings. By preference the agencies prepared for the child's placement by a special visit to the home in advance of his going, thus interpreting the child and his needs to the foster parents. And conversely the new home was talked over with the child if he was old enough to be given an explanation.

SUPERVISION OF THE FOSTER HOME

If foster-home care is to be properly evaluated certain questions of vital importance to the children and to society at large must be answered. What happens to children while they are in foster homes? What kind of care do they receive from the foster parents? What are their relations to other children and families living in the same community? How much and what kind of oversight is maintained by the societies which place them in these homes? What of their schooling and recreation? Many agencies still exist in the United States that know little or nothing of the after-life of children whom they have placed in foster homes. They go on the assumption that having found a good home for the child, they can safely leave his upbringing to the foster family and the community. Other organizations hold themselves to a strict accounting for every detail of the child's life, his health, education, religious and moral training, recreation, and all that relates itself to his ultimate development and happiness. Midway between these are those agencies which give some, but not very complete, oversight and supervision in the foster homes.

The supervising staff.

Supervision by means of a paid staff has largely supplanted the earlier method of volunteer service by board members. Volunteer service proved to be too irregular and unreliable to meet the needs, especially in emergencies. In former years the visitors and agents

[25] Mass., Gen. Laws 1921, ch. 119, sec. 6.

of the societies who visited in the homes also did home finding and investigating of applications. Some societies, more especially the smaller ones, continue this method, on the theory that continuity of service is assured when a particular child's problem is handled from beginning to end by one person. Gradually this practice has changed with most of the agencies, until at the present time the tendency is in the direction of specialization of function. The argument in favor of this procedure is that different personal qualities are called for by these three very different types of service. A person who may be well qualified to make an excellent investigation, and to evaluate a situation and prescribe treatment is often quite unable to sustain long-time friendly and helpful relations. Experience points to the conclusion that with rare exceptions individuals are not endowed by nature to perform all these very different functions equally well. In rural sections, however, it is often expedient for one worker to function in all three kinds of work.

In three of the agencies studied (the Boston Children's Aid Society, the Children's Mission to Children, and the Philadelphia Children's Bureau) the children were supervised in their foster homes by visitors giving full time to this particular work. Each of these agencies maintained a separate department for this work with a supervisor in charge. In at least five agencies the training and experience of most of these visitors were up to the standard required for membership in the American Association of Social Workers (see p. 15). The Boston Children's Aid Society, the New England Home for Little Wanderers, the Children's Bureau of Philadelphia, the Michigan Children's Aid Society, the Jewish Home-Finding Society, and the St. Louis Children's Aid Society had nurses on their supervising staffs, most of whom were graduates of training schools and some of whom had had additional training in public-health work.

Supervision was combined with home finding in a number of instances. The Children's Home Society of Florida and the Jewish Home-Finding Society of Chicago combined it also with investigating. Supervision was invariably combined with investigating and home finding in all branch offices, where specialization was more difficult because of the comparatively limited number of cases handled.

Separate standards of supervision for boarding and free homes.

Some difference of opinion exists as to the wisdom and feasibility of maintaining the same quality of supervision in a foster home where free care is given as in one where board is paid. It is contended on the one hand that it is not fair to the family giving a free home to a child for the society to direct his upbringing in any detailed way, and, on the other hand, it is maintained that a society, having made the placement in the first instance, has full responsibility for the outcome, regardless of the financial agreement, and not at least until legal adoption has been consummated should it feel itself released from this obligation.

The three Massachusetts and the two Pennsylvania societies maintained the same standard of supervision for all types of home. These five societies placed very few children for adoption compared with the number placed at board. Three of them (the Boston Children's Aid Society, the Children's Mission to Children, and the Children's Bureau of Philadelphia) had a negligible number of young children

in free homes, and their supervision of the older boys and girls in free, wage, and wage-boarding foster homes was on a par with their boarding-home supervision. The St. Louis Children's Aid Society planned to supervise its boarding homes more closely than the homes in which children were on trial for adoption, except that its oversight of the adoption group was very close for the first six weeks. The supervision of prospective adoptive homes by the Jewish Home-Finding Society of Chicago and the child-caring department of the Society of St. Vincent de Paul of Detroit was also less intensive than that of their boarding homes. In the case of the Jewish Home-Finding Society the adoptive homes were supervised chiefly by the general secretary or a member of the board, and the contacts partook more of a social nature. The Children's Home Society of Florida and the Michigan Children's Aid Society, each doing extensive adoption and free-home placing, maintained a very different standard of supervision as between these homes and those where board was paid.

The field workers of the Michigan Children's Aid Society supervised their boarding homes very closely, the time between visits varying from a few days to a few weeks. Children in prospective adoptive homes throughout the State were often not seen for several months, and in those sections of the State where visiting was made difficult because of the absence of a branch office, the adoptive homes sometimes had to go unvisited for a year. Arrangements were later completed enabling the adoptive children in the remote sections of the State to be visited as often as four times a year. The Detroit branch had established the practice of making monthly visits to all children in trial-adoption homes and still more frequent visits to boarding-home children. The Michigan society had the excellent custom, not found elsewhere to anything like the same extent, of continuing a supervisory interest long after legal adoption had taken place, and the records of the society bore testimony that such postadoption visits were often made for several years. Such an oversight affords data for a judgment on the value of adoptions that in time should provide excellent material on which to base studies and draw conclusions as to the results of adoptions, a subject on which at present there is very little actual knowledge and divers opinions.[26]

Frequency of visits to children in foster homes.

In Florida the superintendent of the children's home society and his assistant made it a practice annually to go over the list of children in free homes and to grade the homes, indicating how often they were to be visited during the coming year. Where the home had been used satisfactorily for 5 to 10 years it was planned to visit only once; other homes were to be visited every six months, and still others quarterly. The children in boarding homes, on the other hand, were visited every two weeks.

The infants cared for by the Boston Children's Aid Society, the Children's Bureau of Philadelphia, the St. Louis Children's Aid Society, the Jewish Home-Finding Society, and the child-caring

[26] The first and only extensive study dealing with follow-up on the subject is How Foster Children Turn Out, by Sophie van Senden Theis, published by the State Charities Aid Association, New York, in 1924.

department of the Society of St. Vincent de Paul were all under the constant supervision of nurse-visitors, who visited weekly in some cases and every two weeks in others. At each visit the babies were weighed and charted, and a report was made every two weeks by the nurse to the pediatrician in charge of the clinics of the respective agencies.

Most of the agencies had no hard and fast rule of visitation for children of preschool and school age. The agencies expected that children would be visited within a few days, or at most within two weeks, of the original placement and as often thereafter as their needs required, which meant irregular intervals averaging one to two months. Three months was a long time for a child cared for by any of these agencies to go unvisited, though there were instances where children who had been in the same foster homes for long periods and who were placed at long range had not been seen for five or six months. Such instances were comparatively rare and when they existed were supplemented by such frequent correspondence and personal interviews at a clinic, in school, or in connection with a shopping or recreational excursion arranged by the visitor as to insure knowledge of the situation. But child after child was found to have been visited with great frequency every week or 10 days, and often over long periods. The frequency of visits was determined largely by the need in the particular case. In any event each child was carefully individualized, and the society kept in close touch with the situation by telephone and letter as well as by actual visitation.

The St. Louis Children's Aid Society required that its babies be seen at least every two weeks and older children every six weeks. The records bore testimony to the care with which these requirements were carried out, the following being taken quite at random from a group of records: Baby visited May 21, 26, June 6, 13, 22, 23, 28; blind baby—October 7, 8, 11, 13, 15, 17, 18, 21, 24, 29, 31, November 9, 14, 19, 21, 25; E. H., 13 years old—March 7, 15, 17, 20, April 20, 27, 30, May 5, 14, 16, 27, 28, June 5. The foster mothers showed by their reactions when visited by the inquirer in company with the society's visitor that they were accustomed to frequent calls. One visited on January 18 exclaimed "What's the matter? You haven't been to see me for a long time, not since before Christmas."

Babies in care of the Jewish Home-Finding Society were visited by the nurses at least every two weeks, and at least once a month by the social worker whose special function it was to make helpful contacts between the foster parents and the child's own family. Children over 2 years of age were seen each month by the social workers, with the exception of some boys on farms who were visited about once in six weeks. Each month the visitors gave their supervisor a list of children whom they had not seen with their foster mothers in the home during the preceding month. If either child or foster mother had been seen at the office that fact was noted but not accepted in lieu of a visit to the home.

The child-caring department of the Society of St. Vincent de Paul of Detroit planned to see children over 2 years of age every two months. If special medical care was thought necessary, the nurses

visited such children in the meanwhile. Babies placed in boarding homes were visited weekly by nurses from the Detroit District Nursing Association, who were detailed to this service through a cooperative arrangement. Older children in boarding homes were expected to be visited every two months by a visitor from the staff of the society.

Relationship of the child, the visitor, and the foster mother.

The relationship of the visitor, the foster mother, and the child was an important one with all those agencies which kept in close touch with the home. Any spirit of espionage on the part of a visitor was frowned upon. On the contrary, she was expected to establish a spirit of comradery, with cooperation as the keynote. The child was taught to turn to his foster mother for guidance, and it was a point of honor between visitor and foster mother that he was never to learn of any difference, however slight, which they might hold on questions of policy as to his upbringing. The visitor aimed to uphold the foster mother where she could do so without serious harm. In the event of a serious disagreement as to the child's care she would arrange for his transfer to another home. The foster mothers were selected with a view to their willingness to accept suggestions, to uphold the visitor, and above all never to use her as a "big stick" to the child. The Children's Mission to Children liked to regard its foster mothers as an extension of its staff, who would be as loyal to the society as any other staff member.

Forms used in recording visits to foster homes.

Blank forms to be definitely followed in making home visits were used only to a limited extent by four societies. One of these had discontinued them for some time past except for certain children, and since supervisors and visitors were all in agreement that they should be replaced by the running record form, it was likely that they would soon be discarded. Two of the Massachusetts agencies, the Boston Children's Aid Society and the New England Home for Little Wanderers, furnished each visitor with a copy of the following detailed outline developed by a group of Boston supervisors and used by several near-by agencies:

OUTLINE FOR SUPERVISORY VISITS OF CHILDREN PLACED IN FOSTER HOMES

(Presupposes physical examination with medical oversight)

I. CONDITIONS

A. Family: (Social history of child's family must never be considered complete. Visitor should be alert to changing conditions, following up both new sources of information and those exhausted when child was admitted to care.) Child's contact with his own family and their influence on him?

B. Changes in foster home (for foster-home record) affecting its fitness for the child.

C. Health: Personal hygiene; dietary; appetite; amount and kind of exercise; sleeping arrangements, hours, and soundness of sleep (crying out, sleep-walking). Does child enjoy using muscles? When he exerts himself in any way, how quickly does he begin to seem tired? How much rest or sleep does he seem to need before he is energetic again? When tired how does he show it—by restlessness, irritability, depression, or sleeplessness? Is he gaining in weight?

D. Adjustment to foster home:
1. Family's attitude.—What is family's attitude toward child? Does he feel himself to be "one of the family?" What is the child's attitude toward foster parents, brothers and sisters? Does he talk freely with them about his school, his companions, his interests? Does he turn to them with any little worries?
2. Discipline.—What methods are found to prevent the child's repetition of an offense and what is child's reaction to punishment? Who does the punishing?
3. Home duties:
   (a) Demands on him: What are his home duties? Are they specific and regular, or haphazard? Is patience exercised in teaching child or is it assumed that he ought to know? Are his good points commended as well as his poor ones censured?
   (b) His response: Are his duties performed willingly, well? Does he grasp directions quickly and profit by them, or do instructions have to be constantly repeated? Has he an allowance? How does he use it? Is he guided in its use? Savings? Keeping own account?
4. Work—
   (a) Demands on him: Does child work for pay or board in the home? Outside the house? What are the exact nature and requirements of his work? Hours of work? Wages?
   (b) His response: In what ways is he successful and in what ways unsuccessful? How does he conduct himself at his work—reliability, painstakingness, ability to hold himself to drudgery, enjoyment of work?
5. Play—
   (a) Facilities: Is child encouraged to bring friends home? What recreation do foster parents provide in the home—games, toys, books, pets? What recreation do family and child have together? What encouragement and assistance does he get in the use of the library and by whom? What kind of books does he read?
   (b) His response: Does he seek or dread solitude? What are his resources for entertainment when alone?

E. Sex: Is the child well developed physically? Has he matured and at what age? Is he attractive in face, figure, manners? To what degree does he appear to crave petting and contact? Does he prefer friends of his own sex or otherwise? Are his friendships wholesome or feverish? Is he showing an interest in the opposite sex earlier or more strongly than usual? Masturbation? What is his information on sex hygiene? If he has none, who will give it to him? How is he reacting to it, vulgarly, prudishly, sanely?

F. Adjustment to school:
   (a) Situation: What grade is he in? If he is held back a grade, why? What course is he taking and what are plans for further training? What is the attitude of teachers and pupils toward child?
   (b) Response: Is his attendance regular; prompt; is it willing? What is his deportment? Does he dislike discipline or revolt against school authority?
   (c) Special abilities or disabilities: Which subjects interest him, and which does he dislike? Do any stir him to spontaneous activity of thought or action? Has he shown talents for music, drawing, manual work?

G. Organized activities:
   (a) Group contacts: What organized activities outside the home is he encouraged to join—e. g., clubs, Scouts, Y. M. C. A.? Does he engage in competition and does he play the same games as other children his own age? Is he a member of a gang or group?
   (b) How readily does he make friends among either adults or children? Why? What kind of friends does he choose? Of what age? What does he admire in people? What loyalty and permanence does he show in friendship? Has he a chum? How does he get on with other children in play? Is he a leader?

G. Organized activities—Continued.

Does he readily conform to the standards of the foster environment in dress, manners, morals? In what particulars does he rise above or fall below these standards? How is he affected by the approval or disapproval of others? By their happiness or distress? By what means does he adapt himself to people—by yielding to their wishes and ways, by evading issues (keeping quiet, turning the subject, keeping out of the way when he disagrees), by telling lies, or does he give up the attempt and be disagreeable? Does he respect property rights? What does he take and under what conditions? What appears to be his motive? Is he generous in sharing his own possessions?

H. Church: Does he attend church and Sunday school? Of what value is this special Sunday school to the child? What is the attitude of the church people towards child? What is child's attitude toward church? Is he interested? Does he enter into church activities?

II. PERSONALITY

A. Energy and will:

1. How long does he work energetically? How soon does he begin to lose interest? How long does he play without loss of interest?
2. What are the child's main interests? How permanent are they? Does he concentrate on following them or is he at the mercy of vagrant impulses? Is he resourceful in carrying out his interests? How successfully can he postpone the gratification of his desires?
3. How does he meet a difficult situation in work, in play, in social relations? (By persistence or by giving up? Amiably or with anger? Courageously or by lying?) Is he a good loser?
4. How does he get what he wants out of people? By insistence, teasing, crying, persuasion, or making himself attractive?

B. Emotions and moods:

1. To what type of emotion is child liable? Undue fear (worry), anger, joy, depression? In what ways, if any, does he seem to feel at a disadvantage with other children? How does he show it? By criticism of others, by self-consciousness, by avoidance of others, by "blues?" Do his moods and emotions fluctuate easily according to health and circumstances? Does he have periodic spells of depression? What does he find disagreeable—sounds, slights, smells, thwarted desires—and does he react to disagreeable things?
2. Are his emotions easily aroused? Illustrate by evidence. What arouses them? How are they expressed? How long do they last? Is there intensity out of proportion to the occasion?
3. What helps him most toward control of his emotions or his moods?

C. Wishful thinking:

Does he romance—as if he were realizing aspirations of one sort or another in imagination? If so, what kind of stories does he tell? What ambitions or what purposes has he for which he has shown a willingness to sacrifice his own comfort or pleasure? Are his aspirations such as point mainly to personal advantage or are they such as include the well-being of other people?

Division of work among visitors.

Basis of division.—There is a diversity of opinion among those doing child placing as to the relative merits of assigning children for supervision on a territorial or a type basis. In the early days of placing out, the division was practically all territorial, and many public and private agencies carry on their work along this line today. The argument for a territorial division is based largely on expediency—with economy of time and money. In addition such concentration makes possible a very intimate knowledge on the part of the workers of each district so covered, which constitutes a very real advantage.

When distribution is made by type a child is assigned to a visitor primarily because of that visitor's training, expertness, or special

aptitude in handling the particular type—such as infants, unmarried mothers, adolescent girls or boys, or psychiatric problems. It is a real advantage to the child to be visited consecutively by one person on whom he may look as his friend, regardless of the community in which he may be placed. This continuous oversight must net him a return in better understanding of his peculiar needs than can result under a system that means a transfer to a new visitor whenever for any reason he is moved to a new foster home outside the jurisdiction of the first visitor. Human nature being as it is such a continuing responsibility as is entailed in the type method must tend to encourage a visitor to put forth more effort in behalf of a child than is likely under a system that offers relief from a troublesome responsibility more or less at will.

The Michigan Children's Aid Society and the New England Home for Little Wanderers in their branch work assigned children on the territorial basis, as did also the Pennsylvania Children's Aid Society outside of Philadelphia. The expense of visiting on any other basis would have been almost prohibitive for these societies, working as they did in such large areas and with a comparatively small number of visitors. The policy in Florida was to have a child visited successively by different visitors, the object being to have one visitor check the work of another. Practically, however, this method was in use in only one county in which about 20 children were placed in free homes. For the rest of the State the expense of this checking system made it undesirable to consider, since the railroads which granted passes to certain individuals did not make them transferable. The Jewish Home-Finding Society of Chicago and the child-caring department of the Society of St. Vincent de Paul of Detroit also followed the territorial method. An exception to this territorial assignment was made in the visiting of infants, all of whom were in charge of nurses.

The Boston Children's Aid Society, the Children's Mission to Children, the Children's Bureau of Philadelphia, and the St. Louis Children's Aid Society assigned children for supervision mainly on the basis of type without regard to territory. The New England Home for Little Wanderers did the same for children in charge of the Boston office, and the Pennsylvania Children's Aid Society did this in a limited way for older boys and girls located in the city of Philadelphia or near by in Delaware and New Jersey. These societies delegated men visitors to the supervision of older boys, and nurses to the supervision of infants. The Boston Children's Aid Society intrusted its unmarried mothers to a visitor who had specialized in the problem over a period of years. Her expert work with this group was an outstanding illustration of patient and skillful handling of a very difficult type. The Children's Bureau of Philadelphia and the Pennsylvania Children's Aid Society each employed a negro social worker who, because of her understanding of her race, dealt intelligently and sympathetically with some of the older negro children in care of the society.

Number of children assigned to each visitor.—As important as the size of the territory over which a visitor must travel in order to visit her children is the number of children for whom she is responsible. All child-placing agencies agree to the obvious

proposition that more can be accomplished where a visitor has comparatively few children than where her responsibility extends over large numbers. Actual radius of territory is not, of course, a true indicator of ease or difficulty of transportation in a particular section. Railroad facilities, ability to command automobile service at will, seasonal weather conditions, are all important factors in any territorial distribution. For those agencies making a division by type of case, allowances had to be made for the special problems assigned and the comparative frequency of visits demanded by such extremes as a delicate baby or an adolescent delinquent and a quiet, normal boy or girl, 5 to 10 years old.

Replacements.

The fact that a child remains over a long period of years in the same foster home, is, other things being equal, an indication of careful selection of the foster home based on the needs of the child. On the other hand, conditions that can not always be foreseen at the outset may make a home undesirable after a time. It is, therefore, sometimes indicative of the most thoughtful kind of work when replacements are made. Too much emphasis must not be placed one way or the other in respect to the number of relocations. Furthermore, length of time in care as well as types of children cared for should be carefully correlated before any attempt at a just comparison can be made.

Educational standards.

The importance of good educational opportunities adapted to the need of the individual child was acknowledged by all the agencies. Foster homes were selected on the whole with this factor in mind.

The standards of Massachusetts schools were not uniform, and the three Massachusetts societies took this into account in selecting communities in which to place children. High schools varied in the courses offered, and this was kept carefully in mind in relation to the individual needs of older children. The accessibility of the school to the foster home, and when the means of transportation had to be provided adequate chaperonage by a teacher or other competent person were taken under advisement in each case.

The Pennsylvania Children's Aid Society took into account the accessibility as well as the character and efficiency of the schools in making their placements. The policy of the Pennsylvania State Department of Education tended toward the abolition of the one-room schoolhouse for younger children. This had been helpful in developing as placing territory some towns that had previously been excluded for all but preschool children. The society sought to follow the recommendations of its child-study department in the placement of children for whom special classes, high school, etc., were recommended. It excluded from use rural communities where the schools were overcrowded or where there was already a considerable number of their children. A conflicting interest which often made it difficult to carry out this policy was the desirability of placing children within easy visiting distance of Philadelphia when the parents and relatives resided there. Since large numbers of children came from that city congestion of foster-home placement was difficult to avoid if they were to be within a visiting radius. This diffi-

culty was met in part by sending children without relatives to more remote sections of the State, thus conserving the near-by homes for the others.

The Society of St. Vincent de Paul of Detroit, which favored the development of boarding-home centers, made the school one of its chief interests, placing only preschool children in sections where the efficiency of the school was below the required standard. For free and adoptive homes in which children were more likely to continue from childhood to youth, special attention was given to ascertaining school facilities beyond the eighth grade.

The Jewish Home-Finding Society of Chicago, which placed all but infants and a few older boys in Jewish homes, found the educational problem simplified by the fact that for the most part Jewish people live in metropolitan areas where school facilities are usually very good.

Method of following the child's school progress.—Whether the visitor or the foster mother should visit the school is a question on which authorities differ. Those who believe it to be the exclusive function of the visitor base their conviction on the need of direct contact for the purpose of making certain the exact situation in all its details. Foster mothers differ, so they argue, in intelligence and therefore in ability to gather and interpret information. Those who favor having the foster mother visit the school do so on the theory that since the child is in her home it is natural for her to make the contact, that it will cause less comment for her to do so, and that it better guards the child's position in the community, saving him from the danger of having his status as a society's charge made public.

But a middle ground on this question was taken by those agencies studied that individualized each child most carefully. These had the contact arranged in each case to suit the particular needs of the situation. Teachers and principals vary in their attitude toward a society. Many of them take a social point of view and are glad to cooperate with a visitor. This is especially likely to be the case where visiting teachers have been introduced into the school system. Because of her daily contacts a teacher who appreciates the need of intelligently studying a child handicapped by reason of dependency or neglect can be a wonderful ally to a visitor or foster mother. Some teachers like best to be approached by the foster mother, and in these cases it was usually thought advisable for her to go to the school quite regularly.

Ideally the foster mother should make all the school contacts, just as she should direct the other activities of the child, and under ordinary conditions a skillful visitor can instruct her so that she will get very satisfactory and specific reports of the child's progress in his various studies as well as of his reactions to his schoolmates and teachers. However some foster mothers, though dealing very wisely with a child within the home, never succeed in getting satisfactory reports of the school progress. In such cases, whether due to lack of educational background, timidity, or other reason, it is advisable for the visitor to go to the school herself, at least until she has trained the foster mother to get the information. Even with the most satisfactory relations established between the foster

mother and the school there are times when decisions of great importance make it best for a visitor to go to the school herself; for example, when there is a question as to whether a 14-year-old girl or boy, about to leave school and go to work, should not rather continue through high school, and if so, whether he should have a technical or academic course. If the decision is made in favor of further schooling it may involve a large financial outlay for the society, and the plan must be based on a detailed knowledge, not only of the academic standing and mentality of the child, important as they are, but on his health and physical endurance. The child's desires and ambitions are to be considered, as well as his responsibilities to other members of his own family—father and mother, younger brothers and sisters. There are instances where foster mothers—and foster fathers, too—have gathered and evaluated skillfully the necessary data for an intelligent decision on such a vital question. As a rule, however, this is brought about through careful collaboration on the part of the child, the teacher, the foster mother, and the visitor.

One agency reported, "It is the policy of the society not to visit the schools except in special cases because it is felt it embarrasses the children who are wards of the society to be known as such. In certain cases where the children are not especially sensitive and where there is no stigma attached to dependent children in the community, the visitor sometimes goes directly to the school, sees the child there, and confers with the teacher." The same thing may be done in different ways. A visitor who makes it known to teacher and pupils that she represents authority and in her official capacity is visiting a particular child, is of course placing that child in a conspicuous and humiliating position. How such a situation can be turned to good account is illustrated by the following incident which occurred a number of years ago in a remote district school:

> In this school, which numbered less than 20 pupils, nearly one-half were State wards. The teacher, a young, thoughtless girl, unconsciously assumed an air of patronage toward these children, a patronage which was reflected by the other pupils. This situation was in no wise bettered when the State visitor called at the school, and one by one her charges were called to the teacher's desk and conferred with there. This condition of affairs reached the ears of a wise supervisor who took an early occasion to visit the school in question.
>
> Approaching the teacher and introducing herself, she asked permission to address the school. Permission being readily accorded, she asked all the State wards to rise. This they did with considerable reluctance. She then proceeded to address the whole school and to state that as a representative of the governor, whom she named, she had been sent to look after the interests of these children who as his wards were entitled to very special care. Before she ceased talking these formerly despised "State children" were the envy of all their mates and ever after ranked as their peers.

Formal written reports from the school, either monthly or bimonthly, were asked for by only three agencies (the Pennsylvania Children's Aid Society, the Children's Home Society of Florida, and the Jewish Home-Finding Society of Chicago). The New England Home for Little Wanderers requested monthly reports in conduct-problem cases, covering grade, conduct, general dress and appearance, and child's attitude to teacher and mates. The other societies depended on the personal interview with the teacher to bring out the necessary information under these headings.

Education beyond the minimum age required by law.—Education beyond the eighth grade was given to promising children by practically all the agencies. The Boston Children's Aid Society had 18 boys and girls 14 years of age or over in high school, and 4 girls were being assisted to go to college. Seven other children who were 14 or over were in trade school, continuation school, or school of domestic science; one crippled girl was being tutored at home.

The Children's Mission to Children had 9 children 14 years of age or over in the grades, 9 in high school, 2 in trade school, and 1 in college.

The New England Home for Little Wanderers had 4 children 14 or over still in the grades, 2 children under 14 years and 26 children 14 or over in high school, 2 in trade school, 2 in business college, and 1 in college.

The Pennsylvania Children's Aid Society continued 256 children 14 years of age or over in the grades, and had 78 such children in high school, with 29 others pursuing trade or vocational courses; 8 of its children were at college.

The Children's Home Society of Florida sent many children not readily placeable in free or adoption homes to boarding schools, convents, and institutions, the tuition, clothing, and other necessary expenses being met by the society. These schools were located in other States (eastern and southern) as well as Florida.

The Michigan Children's Aid Society tried to keep the older children in school as long as they were ambitious and showed enough mental ability to warrant the effort. Free homes were found for some of these children. One girl had taken a nurse's training, and a group of interested people were sending another girl through the university. A boy had been sent to business college.

The Jewish Home-Finding Society of Chicago had 7 children in high school, 4 in trade school, 7 in normal school, and 1 in college. Of the entire group, 7 were being cared for free of expense to the society and 11 were being boarded by the society at rates ranging from $100 to $250 a year.

Religious education.—The religious upbringing of the children was always taken into consideration, and all the societies maintained a standard of placing with families who were of the same general faith as the parents—Jewish, Roman Catholic, or Protestant. The foster parents were expected to have a church affiliation, and the child was to attend church with them and go to Sunday school. The child-caring department of the Society of St. Vincent de Paul of Detroit sent most of its children to parochial schools and gave strict heed to their religious instruction, both in the foster home and at Sunday school. The Jewish Home-Finding Society of Chicago registered all children 7 years of age and over in some religious school, orthodox or nonorthodox, according to the preference of the parent, and a plan was under way to obtain semiannual reports from these Hebrew schools. All children 3 years of age and over were placed in Jewish homes except a few boys placed in the country where it was difficult to obtain such homes. These boys were visited monthly by a rabbi for religious instruction.

One society included in its instructions to foster mothers a provision that illness was the only excuse for absence from Sunday

school, but the Pennsylvania Children's Aid Society was the only agency making any definite attempt to follow up the actual amount of religious activity as indicated by church and Sunday school attendance. This society sent a form letter quarterly to the pastors of all the churches where its children had a connection. Other agencies kept more or less in touch with the situation, but on the whole the records were unfortunately silent on this feature of the child's development.

Recreation.

Since educators and others have taught an appreciation of the significance of the play element in a symmetrically developed child, it is important to know to what extent this is consciously planned for in the program of child-placing agencies.[26a] Recreation is of various sorts. It may be had within the home circle in a simple, unorganized way. The dolls and toys of the little ones; the game of checkers or parcheesi on a long winter's evening for those a little older; the family picnic; the radio set made by the young lad helped by the big brother or father—these are illustrations of the home recreations which when participated in by the elders as well as by the children make for family solidarity of the most wholesome sort. For the older child recreation outside the home involves play that is usually of a more organized variety. Community contacts may be made through such organizations as summer camps and the many club and social activities offered through the churches.

At least four of the agencies studied gave the matter of family recreation serious consideration. Their visitors took definite responsibility for seeing that the foster parents were intelligently and actively interested in the subject. Realizing the importance of toys and games in the child's development these societies did not hesitate to furnish them, chiefly at Christmas and holiday times or as birthday gifts, but only when the foster parents could not afford to provide them. Skates, sleds, dancing and music lessons, with their attendant costs, were considered legitimate expenses by these same agencies, thus acknowledging the physical and moral value of play.

The Jewish Home-Finding Society had purchased 45 tickets to the Chicago symphony concerts, which enabled every child over 8 or 9 years old to attend twice a month. When the children were sent to motion pictures the seats obtained were in different picture houses and were scattered through the house so that children attended in small groups or with the foster mother and her own child. The St. Louis Children's Aid Society saw to it that every child of suitable age under its supervision was taken annually to the circus, pains being taken that small groups should go at different times in order that there might be no labeling of them as "charity children," which might easily happen if a large group were gathered together.

Those societies which expected one visitor to supervise a large number of children did very little to insure recreation for the children. Such children depended on the good will of the foster parents. Doubtless in many instances the foster parents planned for all the recreation that could be desired and of the right sort, but

[26a] See Play in Education, by Joseph Lee (The Macmillan Co., New York, 1921).

it is likely that there were cases where suggestions and follow-up by the visitors would have meant a more intelligent and consistent program of play adapted to the age, physical condition, and temperamental needs of each child than was assured when it was left wholly to the initiative of the foster parents.

The case of a 16-year-old boy who was in charge of a man visitor having supervision of less than 40 adolescent boys furnished an example of intensive supervision illustrating what might be accomplished by a society equipped with visitors of training and experience, who were allotted few enough children to allow time for frequent visiting and follow-up of their charges.

When first placed, Joseph had a mental conflict due to early sex experience, which had resulted in stealing. The psychiatrist who examined him prior to placement recommended "that he be placed in a sympathetic environment where his confidences would be encouraged and where the mental life of the family would be commensurate with his good mental abilities." He further advised that the foster parents be informed fully of his early experiences; that spending money be furnished, or, preferably, that he be given a chance to earn money outside of school hours. A boarding foster home was found that measured up to these requirements, and the boy was entered in high school. The cooperation of the teacher was obtained through a careful explanation of Joseph's history, followed up by frequent calls at the school from the visitor who meanwhile received detailed reports on marks in the various subjects as well as comments from the principal as to how Joseph conducted himself with his companions. Employment suited to his needs was found, and thus he was supplied with the spending money which was so necessary a part of his social treatment. The visitor also arranged for him to join a boys' club and otherwise planned for his recreational needs. At Christmas time Joseph was invited to the visitor's home and entertained there. The record of the case bore testimony to an understanding of this boy's temperament coupled with an ability to obtain cooperative action from others; the result of this well-rounded program was that a boy previously delinquent was on the road to becoming a useful citizen.

Allowances.

Closely akin to the question of recreation and education is that of allowance for spending money. If thriftlessness is a present-day American characteristic, and surely it is a factor in dependency, it becomes apparent that a duty incumbent on placing-out agencies is the inculcation of thrift in their young charges. This education in the appreciation of the dollar is acquired only by the direct handling of money.

The agencies that had anything like a definite policy relative to this important subject—about half the number studied—took the position that children 8 years of age and over should have a small but stated amount of spending money. The allowance usually began with 5 to 10 cents weekly and increased to 25 and 50 cents as the child grew older, which money he was at liberty to spend, give away, or save, as he pleased. For the children old enough to earn their board in foster homes the usual plan was to arrange with the foster mother to provide the allowance which was graduated into a small wage as time went on. An instance was reported by one society of a problem girl of 13 being boarded at $7 a week, whose foster mother chanced to remark to the visitor that she was giving the child an allowance. The visitor, knowing the limited circumstances of the family, instantly volunteered that the society would thereafter bear this expense. Two societies tried to arrange that each child should carefully budget his allowance, planning for church contributions,

recreation, gifts, and savings. The records were noticeably incomplete on the subject, and it is probable that the question of systematic allowance was left too much to the discretion of the foster mothers and not checked up so carefully as it should have been by the visitors in their supervisory visits. One society formerly provided expense books for children in wage homes (an excellent idea in itself) but abandoned them because of the amount of work entailed. Since this society was one of those requiring each visitor to carry a heavy case load, this could scarcely be wondered at, though it might well be regretted.

Though not making a separate item of this expense the Boston Children's Aid Society, the Children's Mission to Children, and the Children's Bureau of Philadelphia included "spending money" and "allowances" in their annual disbursements. General approval of the value of savings accounts was indicated in that the records showed that many children were encouraged to start such accounts. Sometimes these accounts were in the child's own name but more often in that of the foster mother, visitor, or other representative of the society, who acted as trustee.

Clothing.

The importance of dress as a means of character building through the development of self-respect was little appreciated in the early days of placing out. Second-hand clothes were a common heritage, and the humiliation of wearing a dress or suit that was obviously too short in the sleeves or of a vintage long past was thought of as part of the lot of a dependent child and to be meekly borne. Recent psychology has taught us that to be dressed as well as one's associates has an influence that is of the highest importance in helping to offset the too often disastrous effects of "not belonging"—that dependency complex so frequently found among placed-out children.

The agencies' policies with regard to the clothing of children in free and prospective adoptive homes appeared to be one of leaving the matter almost exclusively to the foster parents, who dressed the children in accordance with their own standards and at their own expense. Some exceptions were made by a few societies which used free homes for older children and which provided clothing where free board was given in return for light duties. Such children were usually 14 years of age or over, many of them continuing in school.

Correspondence and gifts between visitor and child.

The degree of friendly relations maintained between visitor and child as exibited by gifts and correspondence was practically regulated by the number of children for whom a visitor was responsible as well as by the attitude of the society. Such contacts with the children placed for adoption and in free homes were on the whole less frequent than with the boarded group.

One society, aiming to promote close relations between the child and his foster parents, discouraged correspondence on the child's part and prohibited the visitors from writing to the children. Any necessary formal correspondence between the children and the office was carried on by the general secretary and his assistant. Two other agencies, while not quite so strict, disapproved of the exchange of letters between the visitor and the children or their foster parents

except through the supervisor. These three agencies did a large amount of adoptive and free home placing.

The city-wide agencies naturally had little occasion for correspondence, since the proximity of the children made frequent "drop in" calls entirely possible.

The three Massachusetts societies encouraged free correspondence between visitor and child. Many of these letters were hand written and usually on plain rather than official paper, thus conveying to the child a spirit of friendly, personal interest rather than one of officialdom. One record, illustrative of this relationship, showed that a visitor to a diffident older girl had written many times on her personal letter paper, from her home and in her own time, thus establishing in the girl's mind the fact that her interest was a very personal one quite apart from "what she was paid to do," as the girl had put it.

Birthdays were recognized by a card or small gift from the visitor by the three Massachusetts societies, the Children's Bureau of Philadelphia, and the St. Louis Children's Aid Society, though with two or three exceptions no systematic method was in use by which this was automatically assured. At the receiving home of the Michigan Children's Aid Society birthdays were celebrated with cakes and candles. It was a generally accepted custom by all agencies to recognize Christmas with toys, candy, and fruit for all except children placed for adoption; such children were considered by all to be sufficiently well looked after by their prospective adoptive parents.

Birthdays and holidays were recognized in a very personal way by the visitors of the Boston Children's Aid Society through cards, gifts, luncheon and theater parties, and excursions. The society disapproved of having its children participate in entertainments labeled for "charity" or "orphan," but encouraged their participation in all normal community events, church or civic Christmas trees, and the like. A special memorial fund provided the means whereby Christmas gifts, selected by the visitors in accordance with the desires of each child, were provided.

The Children's Bureau of Philadelphia provided all its children except the infants with Christmas presents costing from $1 to $1.50. Occasionally more was spent for children who had set their hearts on some special thing. In addition every child over 2 years of age received a box of hard candy. The visitors remembered each foster mother with a Christmas card. Baskets of goodies were sent to some homes where children had been returned to their own families, and gifts were also given to some children living with their own families.

A special committee of the Pennsylvania Children's Aid Society provided Christmas gifts for all children in boarding homes, which relieved the visitors of a good deal of care but was not so likely to result in providing a child with what he most needed or desired.

In the Michigan Children's Aid Society receiving home Christmas trees, Santa Claus, and all that combines to make a real Christmas were enjoyed by the children. In former years children boarded in the vicinity of the St. Joseph receiving home were invited there. This custom was discontinued two years before the study in favor of the more natural method of providing gifts to be distributed by

each foster mother according to the method of her household, which plan helped to identify the child more closely with his foster parents.

At Chanukah[27] and often on other Jewish holidays the Jewish Home-Finding Society of Chicago provided gifts for all the children, many of which were supplied by the Jewish congregations of the city. The society also had the pleasing custom of giving remembrances to children as they graduated from grammar school. In one year six such graduates each received a fountain pen.

The St. Louis Children's Aid Society formerly provided gifts selected by a committee of the board, but more recently each visitor had looked out for her own children and took pains to give more where the foster parents could not afford to be lavish with their gifts. Sunday schools and special individuals often provided money and toys and sometimes sponsored special children.

Discipline.

The agencies very generally held that discipline should be administered mainly by the foster parents, the visitors guiding them with general suggestions. Corporal punishment was discouraged if not wholly forbidden except by permission from the office, and this was given only in rare cases. Several societies found the psychiatrist very helpful with advice as to how to handle questions of petty thieving, evasion of truth, running away, and other more or less usual evidence of social malajustment. The record of a chronic runaway indicated intelligent treatment by the visitor, the child cooperating in disciplining his "unruly legs" by putting them to bed when he felt an attack of running away coming on. Though the records were comparatively silent on these questions the impression given was that where the visitors were in frequent communication with the foster parents the visitors' advice was both sought and followed; where because of large numbers of children to a visitor or for other reasons the supervision was more relaxed the discipline was left largely to the discretion of the foster parents.

Responsibility of the foster parents.

It was recognized that the ultimate responsibility for the child rested with the society, since it had assumed the obligation of providing for him, but decisions for the child's physical, mental, and moral development were delegated in cases of adoption to the foster parents, frequently at a very early period and sometimes right from the start. The agencies felt that since the chances were that the child was to become a permanent and legal member of the foster home, the sooner the society effaced itself the better for all concerned. This did not mean that contacts were not maintained and advice given; it merely implied that the balance of responsibility was placed at an early date in the hands of the adoptive parents.[28]

In all other cases, whether boarded or free, the consensus of opinion was that final authority must be retained by the society and not delegated to the foster parents, on the principle that the society, acting in loco parentis, was responsible for what happened to the

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[27] "The Feast of Lights," which occurs in December.

[28] See The Placement and Supervision of Children in Free Foster Homes, by Sophie van Senden Theis and Constance Goodrich. The Child in the Foster Home, Part I. (Studies in Social Work, Child Welfare Series, Monograph No. 2, New York School of Social Work, 1921.)

child in a very special way since no legal transfer to the foster parents was contemplated. The practical working out of this principle was to give a free hand to the foster mother in minor details so long as she conformed to the standards of the society as enunciated by the visitor in her supervisory capacity. The more experienced the visitor, provided her group was small enough to enable her really to know the motives and temperaments of foster parents and children, the more likely was there to be good team play and less occasion for the exercise of the authority which might lie behind her suggestions.

The Children's Mission to Children offered an example of responsibility centered in the society and yet shared in a fine way by the foster parents, who were looked upon as an extension of the staff and who responded to this attitude with great loyalty and devotion. The annual foster mothers' meeting held by the society undoubtedly contributed to this feeling of solidarity. The St. Louis Children's Aid Society also had an annual meeting of foster mothers.

The best relations between visitors and foster parents existed in those agencies that had established mutual feelings of good will and confidence, where no system of espionage by the visitor was tolerated but where she was looked upon by the foster mothers as one who through her special knowledge and experience could be of great assistance in helping them to solve specific difficulties.

EDUCATING THE FOSTER HOME

Placing-out societies have met on the whole with generous response to their appeals for foster homes, especially for free and adoptive homes for permanent care. Mother love and a desire for children in the home have caused an outpouring of sympathy for homeless children. Men as well as women have been lavish with their affection. But a new set of conditions and problems came to view with the great increase in calls for boarding care for the temporary aid of children. Such care is needed for children who are ultimately to go back to their families, for those handicapped by physical or mental conditions, and for those who are unavailable for free or adoptive homes because of their unattractiveness or age.

It is only within very recent times that serious attention has been given to the training of foster parents. Even now the possibilities of development in this field are only just emerging from the mists of sentimentality. It has been assumed that a woman's instinctive love of children (now known to be an insufficient guide in the difficult task of rearing her own flesh and blood, not to think of those not so related) was justification for asking her to solve the intricate problem of making a good citizen out of somebody else's child—a child usually with the handicap of a bad start in life, who needed to be pretty much made over both physically and in his whole outlook on life. The most progressive children's agencies to-day are stressing training of prospective and actual foster parents as part of their equipment for adequate foster-home care for children of many sorts and conditions.

Though most of the agencies studied depended largely on the week to week or month to month contacts of the visitors for setting before

the foster mothers in a practical way the ideals of the society, three societies supplemented this education through literature giving detailed information on certain practical points. The following letter was one of a series issued to its foster mothers by the Detroit branch of the Michigan Children's Aid Society:

DEAR FELLOW WORKERS: Do we trust our children enough? Or do we have the kind of halting faith that is expressed in the old maxim, "Trust God, but keep your powder dry"?

One of our little folks proved to be meddlesome and destructive. Several times the tiny fingers had broken flowers and branches from the house plants. His wise foster mother went to work to awaken his interest in the flowers—their wonderful growth, the shape of leaves and flowers, the beautiful colors—it was made his task to water them. Finally, having secured his promise to help in the care of the pretty plants, this "believing" mother left the child alone in the room to pick the dry, yellow leaves off the very plants he had despoiled. And she sat down to chat without even a backward glance at her cherished flowers. And of course, they were safe. What boy could fail in such an atmosphere of confidence?

The question was asked, "Do you think you can trust him?" and her reply was "I shall trust him. If he fails I shall only lose a plant, but if I hurt him by suspicion I may have warped a child's soul."

Thank God for such women, and there are many of them who have opened their hearts and homes to "one of these little ones."

Think of it! How often do we say, "I know I can trust you" and then show the child that they are mere words by a too frequent check-up whose object he feels is to detect him in wrong-doing? How often do we say "I shall trust you," then question his every statement, even flatly suggest to him he is lying?

Two of our lads had a naughty habit of nibbling at good things to eat on their way home from the grocery. One mother met her boy at the door on his return with "Did you touch anything?" and her tone implied her belief that he had; and she hastily unwrapped the cake and inspected it for broken edges—seemingly sure of his disobedience, his untrustworthiness and determined to find proof of it.

The other mother greeted the little lad cheerily and then he said (not she) "I didn't touch a thing this time, mother"—and his tone, and still more his sparkling eyes, spoke his confidence in her joy in the little victory he had won over his greediness—she answered, "Why, of course, I never thought of such a thing, son—I had your promise."

Just think of the difference—no question of his conduct—only an assurance of a continuing faith that could not help but inspire the boy with a determination to prove worthy of it.

This is not a plea for allowing children's deceits to go uncorrected. There is a time when the boy, in a kindly way, may need to be made to face his deceptions—but it is a plea for encompassing our little folks in an atmosphere of affectionate trust. Better to run the risk of being deceived once in a while than to fail to give a child the solid backing that comes from your confidence.

Once more, isn't it a question of character—our character, yours and mine? If we can convince the child of our integrity and that our esteem and confidence are worth winning, our example worthy of imitation, he'll just go right—he can't help it any more than the flower can help growing in the sunshine. To grow up in an atmosphere of helpful trust is the right of every child.

Christ's rule was to forgive, "yea, unto seventy-seven times." Has our confidence ever been tried literally to his length? And many a tried but "believing" boarding mother has loved and trusted one of our little ones into self-respect and trustworthiness long ere the limit set by the Christ was reached.

Dear "trusting" boarding parents—for the boarding fathers have shone in this respect—let us hold fast our faith in these little folks—let them feel our confidence in them, even in their mistakes. By the way, why are we so fearful of their mistakes? Can we not trust the child's ability to learn through his own mistakes?

And dear boarding parents, won't some of you who know you have helped some child by your trust, write us about it? We can learn from each other's experience and our children will benefit as we learn. Words of censure seldom help. Let us hold fast our faith.

Cordially yours,

_____ _____,

Children's Aid Society, Child-Caring Department.

The Children's Mission to Children sent to each new approved foster home a neatly printed leaflet advising the parents on certain fundamental requirements, covering such points as health, schooling, church attendance, and recreation. For many years this agency had distributed at intervals leaflets published by the United States Children's Bureau, the State department of health, the National Child Health Association, and the National Mental Hygiene Association.

Group meetings of the foster mothers, either for recreation or for instruction, had been held by a few agencies.[29] The foster mothers' meetings held annually by the Children's Mission to Children for many years were largely social, but usually included an instructive talk on some subject of common interest. The Simmons College School of Social Work in Boston had held courses for foster mothers (see p. 41).

Once a year the board and staff members of the St. Louis Children's Aid Society held a meeting for their boarding mothers. The younger children were allowed to come, and provision was made for their care in a separate room, the meeting being held at a community center. Following the meeting luncheon was served, after which there were dancing, games, and community singing. On one of these occasions an illustrated talk on food values was given by a trained nurse; at another time the president of the board gave a general talk on the work of the society.

For its two blind babies the St. Louis Children's Aid Society gave their foster mothers typed suggestions furnished by the Missouri School for the Blind. Publications of the United States Children's Bureau were given out at the dispensary. The society sometimes loaned books on child care to the foster mothers, a practice also followed by the Boston Children's Aid Society.

Printed directions for the care of infants and small children were sent out by the Philadelphia Children's Bureau through the Associated Medical Clinic, which also furnished diet slips for children of different ages. The society circulated among a group of foster mothers a pamphlet entitled "Mental-Health Hints to Parents," published by the mental-hygiene committee of the Public Charities Association of Pennsylvania. Occasionally foster parents were invited to confer with the psychologist of the bureau, in the interest of a problem child. In selecting its homes this society emphasized the value of sex instruction given by the foster mother and rejected foster mothers not capable of giving this information. A book dealing with the subject of sex was recommended to some of the mothers.

[29] Attendance at child-study or parent-training classes now being organized in a good many communities would be a means of promoting the general education of foster mothers and would have the added advantage of doing this on a community basis, thus minimizing the gatherings of foster mothers as such.

CONTACTS WITH THE CHILD'S OWN FAMILY

Except in the cases of those children who are placed for adoption or for whom there is no prospect of reunion with their families, child-placing agencies are coming more and more to an appreciation of the importance of maintaining and developing relationships between the placed-out children and their own relatives. Such contact is needed both for the child's sake and for the parents'. It fosters interest and keeps responsibility active; it preserves natural affections and offers incentives for early reunion; it gives the child an assurance that he is not forgotten by his own and encourages the parent to keep up a relationship that will bridge what might otherwise prove to be an ever-widening chasm leading to permanent separation. Annually or oftener every situation should be reviewed, and if necessary reinvestigated, to learn how conditions are and whether the purpose for which the child was removed is being or has been accomplished. This reevaluation should, of course, include the condition of the child's family as thoroughly as that of the child himself, the two being inseparable in any thoroughgoing plan for the child.

The following illustration was offered by a supervisor connected with an agency that frankly admitted its lack of equipment to do follow-up work with the families and as frankly deplored that lack:

The society boarded for over a year three small children of foreign parentage. The mother was dead and the father paid what he could toward their support. They were difficult to adjust in a family home because they knew nothing of American ways and were at first regarded as "heathen" by the foster mother. The society spent much time and patience in interpreting these children to the foster parents and succeeded in arousing their interest for the special needs of the children. Then one day the children's father appeared and announced that he was remarried and wished to have the children returned to him. Investigation showed that he had a suitable home already established, and the children were returned. Several months afterwards the father reappeared, asking the society to board the children. His new wife, a foreigner unused to American ways, had struggled with the same problems that had at first daunted the foster mother, and she had been unaided in her efforts to adjust the children. Now, completely discouraged, she refused to stay at home unless the children were removed, and no amount of persuasion could change her attitude. The society again took over the care of the children, fully realizing its mistake, but too late, in not having done for the stepmother what it had done for the foster mother.

A very different situation was that illustrated by the following story taken from the records of the Boston Children's Aid Society:

The parents of an unmarried mother of 16 years with a young baby were bent on having her relieved of the care of her child and used the familiar argument that she ought to have the opportunity to live her own life—as though having gone through the experience of maternity, she could eradicate its effects and live her life as if nothing had happened. The society saw the situation as one where reeducation of the point of view of grandparents and mother alike was the point at issue, and set about the delicate task by accepting not the baby alone but also his mother for supervision, keeping them in the grandparents' home. Ten months after the original application medical care was still being given, the alleged father had been prosecuted and the case adjudicated, and payments were coming from him. Gradually the attitude of the family had been changed, and the mother was growing daily fonder of her child.[30]

[30] For an illustration of family rehabilitation where the placement of children in foster homes was incidental to a family plan, see Case Study No. 1, Child Welfare League of America, August, 1923.

Cooperation with a family agency for the supervision of a child's family is another method of keeping in touch with the situation. This is particularly desirable in those cases already known to the family agency which are referred to the child-placing agency for short-time service.

Contact through family support.

A most natural and wholesome contact resulted from the requirement of parents to contribute, according to their ability, toward their children's support. The 10 agencies studied all required payments for certain classes of children; none, however, received reimbursement for all children in their care. Of 4,887 children reported by 8 agencies, 1,281 (26.2 per cent) were being supported in whole or in part by parents. This proportion varied among the agencies as follows:

Agency	Per cent
Boston Children's Aid Society	69.9
St. Louis Children's Aid Society	69.1
Children's Mission to Children	57.3
Michigan Children's Aid Society	41.0
New England Home for Little Wanderers	39.1
Children's Bureau of Philadelphia	36.9
Children's Home Society of Florida	9.5
Pennsylvania Children's Aid Society	5.4

Of these children 1,064 (83.1 per cent) were received direct from the parents without surrender; 151 (11.8 per cent) were received by surrender, court commitment, or court continuance.

At the time of the study six visitors of the Boston Children's Aid Society were trying to collect on 48 different accounts, aggregating nearly $7,500, in some cases continuing back over a long period of time. In each case the visitor, with the approval of the supervisor, was satisfied that the account was not ready for prosecution. At the date of the study 14 delinquent accounts had been referred to the Legal Aid Society, which agency cooperated on a pay basis in the legal work of the agency at a cost of $600 a year. These 14 cases covered long periods of time and involved large amounts of money, the aggregate being $3,297.76. In such cases the Legal Aid Society and the visitor conferred as to when, if at all, a case should be brought into court, either for criminal prosecution under nonsupport procedure if a child was still in a foster home, or under civil procedure if he had been returned to his parents or had otherwise left the society's care.

The placing-out visitor of the Boston Children's Aid Society was primarily responsible for the enforcement of parental agreements. It was she who notified the bookkeeping department when to send bills and duns. She determined when abatements should be made and when a visit rather than a dun or personal letter was likely to bring better results.

One agency pursued the practice of having children originally received on application of the parents committed by the court after the parents had become delinquent in their voluntary payments. This agency was operating in a territory that had no public child-caring organization. By applying to the courts two things were accomplished; one the taking of control away from the parent who might or might not be an unfit guardian of his child; the other the

safeguarding of the finances of the agency, which automatically transferred support of these children from its own funds to those of the county immediately they were committed by the court. The alternative to this method, favored by most of the agencies, was to have such parents taken into court and compelled under nonsupport proceedings to meet their rightful obligations. Where a public agency existed the children of parents who could not be forced to meet their obligations were usually transferred by court commitment to the public agency. In cases of children received by court or poor-law commitments responsibility for collections from parents was sometimes, though not always, assumed by the committing agency. Though without doubt this method had advantages, on the other hand it sometimes deprived the agencies of an occasion for a direct contact and increased the difficulties of establishing relations with the parents.

The same agency that employed court commitments in delinquent cases charged the reception department with the collection of payments and with all family contacts. Such an arrangement was in the nature of a divided authority, and the custom did not admit of as direct relationships between the parent and child as where these contacts were in the control of the department of placing out; it sometimes resulted in a miscarriage of plans. The same danger was conceivable when the children's agencies left the responsibility of collections, and often of other family contacts, to a family-welfare or other referring society; though undeniably such a division of responsibility worked advantageously in certain cases, especially where the referring agency had a previously established contact with the family and was to continue with it after the child's return to his parents.

When a children's agency is equipped with visitors inexperienced in family work, who in addition have too many children in their care to make it possible for them to do follow-up with the families under any conditions, then it is quite likely, as a practical matter, that follow-up of the parents in matters of collection of board and other contacts will be done more successfully through some better-equipped agency. If the best results are to be obtained through such an agency, such condition should be allowed to continue only until the children's agency can properly man itself to do the job, preferably through its placing-out visitors.

In the case of one agency the collections were made successfully through the department of investigation, which kept all family contacts and arranged for rehabilitation and discharge.

Personal contacts of the parents with the child and with the society.

The general tendency of the agencies was to encourage frequent personal contacts between children and their parents, though this was planned in ways that would not interfere with the routine of the life in the foster home. Perhaps no greater skill is required in any phase of child placing than in making the proper adjustments between a parent and a child whose home is for the time in some family other than his own. The visitor must be mindful of the rights and feelings of the foster mother, the other member of the triangle to be consulted, whose cooperation must be obtained at the outset if the relationships are to be mutually helpful.

The degree to which the 10 agencies encouraged visiting and correspondence between parents and children was determined somewhat by the demands of the particular case, and in a measure by the emphasis placed by the society on this phase of the work. Children received for adoption, as well as all others for whom it had been determined that no family rehabilitation was feasible, were cut off from former home ties. For those children who had relatives with whom contacts should be maintained the principle was found to be uniform that visits and correspondence should be encouraged, usually without restrictions, unless the privilege was found to be abused. Those agencies which concerned themselves most carefully with the maintenance of family contacts allowed for car fares and railroad fares in planning family budgets, and one agency had paid for parents' meals and lodging with the foster mothers in rare instances where it was recognized that not to do so would have prohibited these visits or worked a hardship on the foster parents. Though general permissions to visit were given through the offices these rules were liberally interpreted, and when good relations had been established between parents and foster parents they were often allowed to make direct contacts with each other. However, the societies protected themselves as well as their foster homes by having regulations which could be invoked as occasion demanded.

The Boston Children's Aid Society often arranged for children to visit their relatives over a holiday or week end and otherwise encouraged close contacts. The child-caring department of the Society of St. Vincent de Paul had established relations with the Detroit parish conferences of that society, composed of laymen, who often kept in touch with the families and helped to reestablish the homes. Likewise the League of Catholic Women of Detroit worked with some women and older girls.

Follow-up of children returned to parents.

Though the agencies admitted a certain responsibility for children who had been returned to their own homes, comparatively little follow-up work was done directly by the societies themselves.

The St. Louis Children's Aid Society tried to keep in friendly touch for at least six months after a child's return and sometimes made many visits during that period. The Children's Bureau of Philadelphia, which did little follow-up, believing that the supervision of children in their own homes was not the function of a children's agency but rather one for the family-welfare society, visiting-nurse association, or other referring agency, did occasionally, as in the case of a delicate baby, allow its nurse to supervise the health after a child's return home. The Children's Mission to Children placed many returned children on what was known as their perennial-inquiry list, which insured follow-up at intervals determined for each case on its merits. Thirty-eight such children were so listed at the time of inquiry, of whom 31 had been under supervision from six months to over four years. An additional 9 children were at home on trial and under full supervision of the agency.

The Boston Children's Aid Society also took quite a definite position with regard to the agency's responsibility for follow-up in the child's home. Of 342 children under care of this society, 52 had been under supervision in their own homes during the time of the study

and had been visited as systematically as though in foster homes. In cases that had been previously under the care of another agency the aim of this society was to turn over the home supervision to them at the earliest time consistent with the best interests of the child.

Supervision after discharge.

Because the agencies differed in their definition of the time of discharge it was difficult to secure data regarding aftercare supervision. Several agencies continued to visit children long after their return home, but did not discharge them officially at that time. Others discharged them the moment they left foster-home care. The question of whether aftercare was given had to be considered along with another factor, namely, whether the child had actually been supervised in his own home after his period of foster-home care, and also whether another agency was following the case. Since 30.6 per cent of the children discharged were under 3 years of age at the time of discharge, careful follow-up, at least of the health, was shown to be needed if the money expended in previous foster-home care was to be justified.

Of the 815 children discharged by eight agencies during the period covered by the study, 115 had been discharged because of death, marriage, reaching the age limit, becoming self-supporting, or running away, or for various reasons classified as "other"; and 124 had been transferred to other agencies or to institutions. These 239, except for the runaways, might very well have been considered as under other supervision or as needing none. Eighty-seven children had been adopted, 38 of whom were under 2 years of age. Only 45 of the 87 were receiving definite agency supervision, and that from only one agency, the Michigan Children's Aid Society. Of all discharged children, 485 (59.5 per cent) were returned to relatives and friends; 130 of this number were infants under 2 years of age and 106 were adolescents, 12 years or older. In spite of the obviously delicate situations involved in reestablishing children of this age in homes that had previously been disrupted, only 46 were reported as under supervision of the agency discharging. Again it should be stated that this number does not take into account the careful work done by those agencies which did not formally discharge such children until they had been visited often over long periods in their parents' or relatives' homes after the period of foster-home care.

Return of legal control to parents.

Since the majority of the children were received informally from their parents, and since by far the largest number of those received through court commitment were for adoption or permanent separation, the question of returning legal control to the parents was numerically an unimportant one. However, some children received by court commitment or guardianship proceedings were ultimately returned to their own parents. In cases of juvenile-court commitment, except where the court order carried the right to adopt, the children could be returned by permission of the court. When adoption was ordered in the committed cases in Michigan, it became necessary to have the natural parents go through the form of adopting their own child, if for any reason he was returned to them. When guardianship was obtained through the probate court, as in

Massachusetts, the policy of the societies was to retain custody until majority to guard against a possible recurrence of need of invoking the authority.

POLICY WITH REGARD TO ADOPTIONS

Adoption is one of the oldest forms of child care and one whose results are perhaps the most unexplored. It has been favored by institutions and child-placing societies alike; many children have been given for adoption direct by parents without agency intervention. Greatly exaggerated statements concerning the value of adoption have been met by equally unfounded condemnation. The ideas usually held are of two diametrically opposite sorts. One is that all adoptions turn out well, that the child is well placed and well liked by his adopting parents and is invariably happy; that he is absorbed into the family life, grows up in happy ignorance of his heritage, and becomes a well-adjusted citizen. The other notion is that all adoptions are lotteries and that most of them are failures. It is obvious that neither view can be entirely correct. What is needed is the facts for a large enough number of cases so that safe conclusions may be drawn. Such a study would have to consider the effect of adoption on the child, his own family, the adopting parents, and the community, and it would need to cover a sufficiently long period of time to insure a proper perspective.

Proportion of children discharged from care who were adopted.

The Michigan Children's Aid Society, the Children's Home Society of Florida, and the Children's Aid Society of Pennsylvania placed a good many children for adoption; the number so placed by the other seven agencies was very small. During the year of the study 87 children (10.7 per cent of those discharged from care in that period by eight agencies) were legally adopted; 78 of this number were in the care of the Pennsylvania and Michigan Children's Aid Societies and the Children's Home Society of Florida. None of the children released from care by the Boston Children's Mission to Children was legally adopted. Of those discharged by the other agencies the percentages legally adopted were: The Children's Home Society of Florida, 20.3 per cent; the Michigan Children's Aid Society, 19.8 per cent; the Children's Aid Society of Pennsylvania, 10.8 per cent; the Boston Children's Aid Society, 6.8 per cent; the St. Louis Children's Aid Society, 2.7 per cent; the Philadelphia Children's Bureau, 1.7 per cent; and the New England Home for Little Wanderers, 1.1 per cent. More than half of the 87 children adopted were known to be of legitimate birth, and 8 of them were foundlings.[31] Of 165 children placed on trial for adoption by the Michigan Children's Aid Society in a given period 60 per cent were illegitimate.[31a]

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[31] Other studies made in different sections of the country indicate similar percentages of legitimate and illegitimate children placed for adoption, as for example the report of the children's bureau of the Minnesota State Board of Control for 1922, which shows that of 1,899 children so placed in a 4½-year period 51 per cent were legitimate, 42 per cent illegitimate, and 8 per cent were of undetermined status. The Children's Commission of Pennsylvania in its study of adoptions found that 56 per cent of the children studied were legitimate and 39 per cent illegitimate, and 6 per cent were of undetermined status. See "The welfare of the said child," by Neva R. Deardorff, in The Survey, Jan. 15, 1925, pp 457–460.

[31a] Figures for the children placed in adoption by the Jewish Home-Finding Society of Chicago were not obtained at the time of the study. From later information it was found that the society placed two children in adoption in 1922 and seven in 1923.

Investigation prior to adoption.

The general advance in methods of social investigation naturally has affected the attitude of social agencies toward adoptions, but the importance of careful investigation in every case has not been so generally recognized by courts having jurisdiction in adoption proceedings.[32] Minnesota, Oregon, and North Dakota have laws requiring that in prospective adoptions the fitness both of the child and of the foster home shall be investigated.[33] Other States have permissive legislation to this effect but sometimes little or no machinery for getting at the facts. Provided no protest is offered, many judges are still willing to allow adoptions even though in the possession of very few facts about a case. The final test in a thorough investigation in an adoption case is the observation of how the relationship between the adopting parents and the child actually works out. For this reason several State laws provide for a trial period of 6 to 12 months before the final decree may become effective. The value of such legislation will depend on the provision made for obtaining adequate supervision during this trial period and the attention paid by the courts to the recommendations based on such supervision.

That communities are awakening to the importance of careful inquiry before adoptions are consummated is shown by the following quotation from a Chicago study of that city's needs made by a subcommittee of the children's committee of the Chicago Council of Social Agencies in 1924:

> The placing of children in family homes, either for temporary or permanent care, is attended with the gravest dangers. These dangers are accentuated when children are placed for adoption in the permanent care of others, when there has been no substantial investigation to determine the desirability of separating the child from his parents, and the fitness or the adaptability of the adopting parents to the child.
>
> The unfortunate mother in a maternity hospital is not, at that time, in a physical or mental condition to know her own mind, and is ofttimes persuaded by some irresponsible individual to surrender her child for the purpose of adoption. No investigation has been made to establish her actual identity; the facts concerning the child's paternity are unknown. The mother's surrender is accepted by some of the courts of jurisdiction as sufficient to justify the most important transaction in which human beings can engage.
>
> As a result of the hasty manner in which infants are separated from their mothers and deprived of their natural food, the mortality of such infants is very high and the physical resistance of those who survive is materially weakened.
>
> Some mothers who have been persuaded to give away their babies for adoption discover that it is as impossible for them to hide their secret as it is for them to recover their child. Many of these mothers are making desperate but futile efforts to secure the restoration of their child.
>
> Many of these children who have now arrived at their majority are making efforts to ascertain the facts concerning their parentage. The absence of any investigation at the time of their adoption makes it practically impossible for the securing of this information at a later date.
>
> Persons who have been refused children by accredited agencies because of their moral unfitness have had no difficulty in securing them through adoption proceedings in courts which did not make use of the available resources of information. In consequence the lives of some children have been needlessly and hopelessly blighted.

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[32] For a discussion of this subject see Adoption Laws in the United States, by Emelyn Foster Peck (U. S. Children's Bureau Publication No. 148, Washington, 1925).

[33] Minn., Gen. Stat. 1913, sec. 7152, as amended by Laws of 1917, ch. 222; Oreg., Laws of 1920, sec. 9766, as amended by Gen. Laws of 1921, ch. 215; N. Dak., Comp. Laws 1913, sec. 4446, as amended by Laws of 1923, ch. 151.

Families unknowingly adopt children of bad heredity who have later developed insanity, epilepsy, or feeble-mindedness. Some adoptions have been consummated when the adoptive parents do not know that the child is of a different racial descent, and the tardy discovery of this fact imposes great hardships on both family and child.

Five of the agencies studied made a more complete investigation of children who were to be placed for adoption than of children received for boarding care. That is to say, they went with special care into their heredity and even in cases of illegitimacy tried to get specific data on this point in regard to both parents.

Before committing children for adoption to the Children's Home Society of Florida it was customary for the juvenile court to allow the society to make its own social investigation and report its findings to the court. The Illinois law required investigation and approval by the State board of administration of prospective adoption homes receiving children from maternity homes; but this investigation did not cover inquiries regarding the child's history, nor did the law include cases arising otherwise than in a maternity home. A recent arrangement with the court was resulting in certain cases being referred to some of the agencies for investigation and report. In Michigan the law required that an investigation of a prospective adoptive home must be made by the county agent, his report going to the probate court. This same agent visited the children until legal adoption was consummated. Discretionary powers were lodged in the Missouri courts in accordance with which an officer in the St. Louis court investigated and reported to the court on the fitness of prospective adoptive parents. The court also accepted such investigations made by the St. Louis Children's Aid Society.[34]

The agencies were unanimous in their opinion that no child, whether of legitimate or of illegitimate birth, should be placed for adoption if there were decent, self-respecting parents or other family connections who might later, if not at the moment, provide a home for him. The agencies also opposed making eligible for adoption children either of whose parents was known to have any inheritable mental abnormality or any transmissible venereal disease. Evidence was lacking as to any special provision whereby parents were tested for such conditions, and it is probable that in practice this admirable ideal was carried out only in those cases where the parents were in institutions for epileptics, the feeble-minded, or the insane, or where the conditions were so pronounced as to be readily observable. The agencies held that children ought not to be given for adoption unless they were free from physical disability and mental defect. Most of the agencies required a Wassermann test as a prerequisite to adoption.

The Children's Bureau of Philadelphia and the Pennsylvania Children's Aid Society had undertaken recently to have psychological tests made of all their placed-out children and placed none for adoption who seemed backward. This was making a great difference in the numbers so placed. A 2-year-old boy, whose mother was feeble-minded, and whom the Jewish Home-Finding Society of Chicago had taken to the Illinois Institute for Juvenile Research before placing for adoption, was pronounced seven months mentally re-

[34] Ill., Smith's Rev. Stat. 1921, ch. 23, sec. 343; Mich., Comp. Laws 1915, sec. 1993; Mo., Rev. Stat. 1919, sec. 1096.

tarded. At the end of six months the decision was that the child was not fit for adoption, and later he began to show marked behavior difficulties for a 3-year-old. In Michigan a State law required Wassermann tests before children could be legally adopted, the report to go to the adopting parents. The Michigan Children's Aid Society refused to place for adoption any child who had once had a positive Wassermann reaction and for whom at least three negative reactions had not since been reported.

Many unwise adoptions come to the attention of child-placing agencies, societies for the prevention of cruelty to children, and other social agencies. Frequently the children involved had been adopted as infants when they presented an attractive appearance, but later in life, as more unlovely traits appeared, became unwanted children. It seemed to be quite generally conceded among the agencies studied that where prospective adoptive parents earnestly desired to adopt children ineligible for adoption according to the agency standards, such adoptions should be allowed only after all the facts and possible consequences had been presented to the prospective parents. One such case was that of a 7-year-old feebleminded child who had been in a free home for four years and of whom the foster parents had become so fond that they wished to adopt her. In this case the society obtained in writing a statement from the adopting parents and their family physician to the effect that they were advised as to the child's condition before the adoption and were willing to stand by the consequences.

Length of placement prior to adoption.

With a few exceptions, almost negligible in numbers, the agencies studied expected a child to be placed in a home from one to two years before adoption was finally consummated. Of 29 adoptions consummated during the five years before the study by the New England Home for Little Wanderers, 4 children had been in the adoptive home from 10 to 15 years before adoption, all of these being placed originally without thought of adoption; 4 others had been in the home where they were finally adopted from 5 to 10 years, and of this number only 1 was placed with the idea of adoption; the other 21 had been in the home at least a year before adoption, and most of them for two or three years.

Supervision in cases of adoption.

During the trial period the agencies planned for close supervision and based their judgment as to the wisdom of allowing the child to remain permanently with the family on the results. Three agencies stated that they gave less detailed supervision when a child had been placed in a prospective adoption home. The theory on which these three agencies acted—and they were advocates of the closest follow-up—was that the real test of an adoption placement was an adjustment between the child and his foster parents that would show the parents' ability to proceed alone without further guidance from the society once the adoption was consummated. The Michigan Children's Aid Society formerly made it a rule to visit every adopted child annually until he was 21 years of age, but more recently that ruling had been somewhat modified to meet individual needs.

Instances were cited that showed the value of a follow-up which gave information concerning conditions, especially those arising

after adoption, which would not have been discovered had contact ceased immediately upon adoption. For example, adopting families might become disrupted by death, divorce, or other causes, and relatives, lacking the incentive to care for adopted children that would have operated had they been natural children, refused to continue caring for them. Such children, who would otherwise have been likely to fall into the hands of undesirable guardians, were taken back into the care of the society. The Boston Children's Aid Society, which placed only a very few children for adoption, had plans for following them indefinitely in a friendly way, and hoped to accumulate data on these cases that would throw light on the whole question of adoptions. During the five years before the study 21 children had been adopted through this agency; 3 of these were adopted by the mothers' husbands who were not the children's own fathers, and 7 were adopted by the boarding foster mothers with whom the children had been placed. The remaining 11 were placed in adoption foster homes. The average length of time these children were in the home before actual adoption took place was a little over two years. In one instance the child was adopted by the paternal grandparents, and in another by personal friends of the mother, who was dying. Since their legal adoption contacts had been maintained by the society with the majority of these children, and letters, messages, and invitations for visits were received frequently by supervising agents. The relationship in these cases had been of such a personal nature that it was not possible to substitute a second agent if the one who had arranged the adoption had left the society. In all adoption cases the records were kept in special folders, not to be opened except by the general secretary, the supervisor, or the agent who had arranged the adoption. Great care was taken to protect the interests and guard the confidence of the adoptive parents.

Frankness in regard to the child's heredity.

In view of the mental conflicts which have arisen in the minds of children who have suspected the fact of their adoption, or have learned of it inadvertently at a critical time in their lives,[35] it was encouraging to find that every agency studied had the definite policy of informing prospective adoptive parents with regard to the heredity of the child and that they further urged all such parents to acquaint the child with the facts of his adoption while still young, before the information would come to him as a shock. The adopting mother who explained to her tiny charge that she had been especially fortunate in being able to select and adopt a child rather than having to accept one that just came (which she carefully explained to be the usual method) opened the way for a more detailed explanation when the child was old enough to grasp fully the meaning of the information; at the same time it forestalled any story that might reach the child in unpleasant ways. The Pennsylvania Children's Aid Society had recently gone a step further than the others in refusing its consent to an adoption in cases where the foster parents were unwilling to promise to tell the child of his adoption when he reached an age of understanding.

[35] See Mental Conflicts and Misconduct, by William Healy, M. D., pp. 73–74 (Little, Brown & Co., Boston, 1917).

RECORDS AND STATISTICS

The value of keeping records has been accepted theoretically as necessary to the efficient conduct of a social agency. Their importance as a means to the better treatment of the individual child was the basis on which records were first established. Their value for research purposes is now beginning to attract attention. The form and content of records in order to meet the twofold requirement of aid to the individual and to society as a whole are still in the debatable stage. Quite obviously the form and content depend very much on the relative value placed by agencies on these two purposes and whether one or the other is emphasized. The aim, of course, should be to serve both. A practical consideration is the time available for record planning and dictation and the amount of stenographic and clerical assistance provided. Only as boards of directors and the general public become more impressed with their value will the amount of time and money allowed for their development be increased sufficiently to allow the making of good records.

Differences in record keeping among the agencies.

All 10 agencies kept records of investigation and placing out, which included identifying data on what is known as the face sheet, with a chronological running record. The running record varied from such simple entries as "visited (with date) and found boy doing well" to a careful analysis of a situation covering a page or more of typewritten material under such specific headings as family history, physical condition, education, recreation and employment, relationship to foster parents, and personality traits. Such comparatively full records contained concrete illustrations of characteristics exhibited, and the reader was left in possession of facts by which to interpret what would otherwise be hazy and general terms such as "untruthful," "lazy," "ambitious," "self-opinionated," "bad tempered," and "good natured."

The foster-home records varied to much the same degree as did the investigations of applications. No more complete records of foster homes were read than those of the New England Home for Little Wanderers. These followed a well-developed outline and gave in each case such a clear picture of the home itself as well as of the character, education, and background of the foster parents, that the reader felt as if he really knew what manner of people the applicants were and what kind of child would be likely to fit into their home. The foster-home records of several of the societies gave indication of the discrimination exercised in the selection and approval of such homes. A few agencies were content with a skeleton of recorded facts which in themselves were far from convincing as to the value of the home.

One of the more recent developments in the matter of records has been the recording of the subsequent history of the foster home based on actual use. (See p. 49.) Some four or five agencies had developed a more or less systematic method of making periodic entries in the running record as to the usefulness of a home, its weaknesses and its strengths. These supplemented the original investigation and produced a complete picture very helpful in an evaluation. Uniformity

between agencies in record keeping is becoming recognized as a necessary basis for an intelligent comparison of work.[36]

Method of filing.

One alphabetical card index including applications, foster homes, and placed-out children cross-referenced from family to child and vice versa, is the simplest as well as the most comprehensive basis of a complete record system for a child-placing agency. Such a system is adaptable to a small as well as to a large unit. The alphabetical card in each case (in addition to identifying information) carries a case number, which leads to the numerically filed record kept in a fireproof locked file.

A study of the filing systems of the agencies revealed a tendency toward making the family rather than the child the unit by which records were filed. In those few instances where each child in care was given a separate folder, the family history was usually filed with that of the oldest child received for placement. This system carried the possibility of the loss of identity of relationships and was not commonly used by the societies doing the best case work.

Blank forms were used by a few agencies, but the chronological running record supplementing a face sheet was favored by most as resulting in the more human presentation and better organization of facts, especially when a topical outline was borne in mind but freely interpreted and not too rigidly adhered to.

Stenographic assistance.

In most of the agencies the general secretaries were provided with private secretaries, though some shared that service with the assistant secretary. About half of the agencies made a weekly time provision for stenographic assistance to each case worker, varying from 1½ to 4 hours. As a rule each stenographer was expected to take dictation from two to four or more workers. Though there were exceptions the value of the records bore, as might be expected, a pretty definite relation to the time allowed as well as to its regularity. Other factors were the training and experience both for the stenographers and of the case workers. One agency spoke highly of the value of the dictaphone and other mechanical labor-saving devices. Ability to assemble and plan record material in advance of the actual dictation is an important element in good record writing. Workers who were expected to write reports by hand, on trains or after hours, and who were not encouraged to feel that the record writing is as important to good case work as the field work, were bound in the long run to do poorer case work for their charges than were those who were given enough time, in quiet surroundings, in which to think over their experiences and to cull out of their day's work, for commitment to paper, those essential and salient facts that go to make up a consecutive and purposeful record.[37]

Statistical methods in use.

Some of the societies kept statistical account of the number of visits made to children, the use of hospitals, and other more or less detailed information as to how the visitors made use of their time.

[36] The Child Welfare League of America has issued a set of record forms that have been adopted by several placing-out agencies.

[37] For a fuller discussion of the purpose and construction of records see The Social Case History, by Ada E. Sheffield (Russell Sage Foundation, New York, 1920).

But the most profitable social statistics were those which gave the numbers and types of children cared for and showed what provision was made for those not received for placement; which indicated the geographical and other sources of applications and placements; which classified the factors and causes leading to applications; and which gave the numbers of children per visitor, ages of children at admission and discharge, length of time in care, and types of foster home used.

The children's department, Boston Council of Social Agencies, had adopted the following eight statistical tables which were being used quite generally by the child-placing agencies in Massachusetts. Their uniform use materially assisted comparison of the work of the various agencies:

Table I.—Résumé of work for the year

	Number of children
Helped by the department of advice and assistance only	
Cared for by the department of foster-home care	
Helped by other departments	
Total helped during the year	

Table II.—Applications received

	Involving—	
Number of applications:	Children	Families
Pending at beginning of year		
New applications		
Reapplications		
Total		

(Note.—The committee recommends that only the child for whom application is made shall be counted as a child involved. Others helped directly and indirectly are not to be counted.)

Table III.—Disposition of applications

Applications:	Number of children
(*a*) Withdrawn	
(*b*) Directed	
(*c*) Transferred to other agencies	
(*d*) Accepted as cases	
(*e*) Pending	

Table IV.—Disposition of accepted cases from Table III

Cases:	Number of children
Withdrawn	
Adjusted	
Unadjusted	
Advised	
Transferred to other agencies	
Transferred to department of foster-home care	
Pending	

Table V.—Department of foster-home care

	Number of children
In care at beginning of the year	
Accepted during the year	
Discharged	
In care at end of the year	
Total number in care of department during year	
Weeks of care	

Table VI.—Analysis of children discharged during the year

(To be worked out according to preference of organization)

Table VII.—Analysis of work of foster-home department at end of year

	Number of children
Under supervision:	
In boarding homes	
In wage homes	
In wage boarding homes	
In free homes	
With parent or other relative	
Otherwise placed	

Table VIII.—Department of home finding

	Number of foster homes
Pending at beginning of year	
New applications	
Approved	
Disapproved	
Unsuitable	
Withdrawn	
Pending	
Ready for use at the end of year	

Follow-up and research.

In spite of their expressed interest in the subject, and a few scattered attempts to evaluate certain features of the work, none of the agencies studied had made any long-time or comprehensive study of its intake, treatment, and ultimate effect of its work such as would furnish convincing data on which to base intelligent and scientific judgment as to its ultimate worth to a community. Lack of financial backing, because the public conscience is not aroused to the value of such interpretation, is probably the explanation for this situation. Unfortunately it is not limited to the agencies studied but is quite prevalent the country over. So far as is known the only two attempts in this direction by children's agencies have been made by the New York State Charities Aid Association, which has courageously sought to evaluate its work,[38] and the Children's Mission to Children of Boston, whose case supervisor made a study of the value of the work which the mission was doing for hospitals.

EDUCATING THE GENERAL PUBLIC IN METHODS OF CHILD CARE

Education of the public in the principles underlying child care, entirely apart from the money-raising problem, is coming to be looked upon as an important obligation for a child-placing agency to assume.

The methods employed are various. Some agencies expect that workers already overburdened should somehow do this additional work in their odd moments. Others have a specially equipped publicity department. Both methods, the time element aside, have their advantages; both their dangers.

The first method, that of drafting members of the staff into the service of publicity, has the undoubted advantage of the personal touch, especially where speaking and writing are done by those who

[38] Theis, Sophie van Senden: How Foster Children Turn Out. New York State Charities Aid Association. New York, 1924.

have first-hand knowledge of the cases. But unless this also is carefully safeguarded the work will be done either at the expense of time which should be given to the children, or quite as likely by the sacrifice of necessary leisure time of the case worker. Furthermore, few case workers have such a variety of gifts as to include in their qualifications the ability to do writing or public speaking easily and acceptably, even though it be on the subject with which they are most vitally concerned. Where this method has been tried it has usually reacted unfavorably on the child, who is best served by a worker refreshed after a few hours of free time, and not jaded and tired after an evening spent in talking about her day's work or after a holiday devoted to writing a newspaper story. This method also lacks continuity, and can seldom result in that variety of approach possible in a plan made by one whose chief job it is to gather data and disseminate it by press, radio, magazine article, public platform, or personal interview—one who will know how to make use of directors and staff, using each when because of social position, business affiliation, or special knowledge he may fit best into the program of education at a given moment.

A specially equipped publicity department implies a person specially qualified by training or experience, preferably by both, to direct the "putting across" of the message in such a way that values shall not be lost, and yet in so popular a form that the public will "stop, look, and listen." To be successful it requires that he shall be at least socially minded, at best socially trained and equipped with stenographic and clerical assistance sufficient to meet the program. In addition it requires large enough appropriations to carry out an adequate program over a sufficiently long period to justify the experiment. It may, and usually does, include efforts at money raising, but should not be confused with it. Unless very carefully safeguarded, the purely educational features are liable to be submerged in the stress of money getting—so insistent and so ever-constant a factor in the career of a social agency.

Of the 10 agencies studied, 5 were affiliated with community chests or their equivalent, yet all 5 felt an obligation to do their own independent educational work. The child-caring department of the Society of St. Vincent de Paul of Detroit, affiliated with the Detroit Community Fund besides reaching its own particular constituency, contributed articles to the publicity bureau of the Detroit Community Union.[39]

The Michigan Children's Aid Society, connected with several chests through its various branches, offered talks given by its field representatives to local groups at which stereopticon slides illustrative of its work were shown. These pictures were also given publicity through the courtesy of motion-picture houses.

The Children's Bureau of Philadelphia, a member of the Philadelphia Community Chest, had prepared six sets of stereopticon slides showing housing conditions under which their children had lived in the city of Philadelphia before placement, weight charts of

[39] See issue for March of Community Fund News No. 16, "Caring for dependent children," by James Fitzgerald, General Secretary, Society St. Vincent de Paul (Detroit, 1923).

undernourished babies, the interiors and exteriors of boarding homes in use by the society, and other features pertaining to the organization of the work. These slides had been shown at a National Conference of Social Work and on other occasions. A considerable part of the general secretary's time was given to speaking in various parts of the country, a generous contribution on the part of the board to the general cause of child welfare which could be obtained in no more effective way.

Through its general secretary and other qualified members of the staff the Pennsylvania Children's Aid Society had done educational work throughout that part of Pennsylvania in which the society operated. The society had been particularly influential with poor-law officials and at the time of the inquiry was actively engaged in a campaign for a codification of the child-welfare laws of the State.

Lantern slides were used by the St. Louis Children's Aid Society in an effective way in connection with talks to Sunday schools, clubs, and other organizations. The Christmas carols (see p. 167) primarily designed for raising money, served also in both their preparation and execution as a background for a good deal of educational work. The custom of obtaining financial sponsors for individual children and the news bulletins issued at intervals by the society were still other excellent mediums for educational publicity.

The New England Home for Little Wanderers had a part-time publicity person, and addresses were given by the general secretary and other staff members before church organizations, parent teacher associations, and other organizations. In 1914 (and continuing annually since that date) a tri-State annual conference of a distinctly educational character was organized under the auspices of the society. During the two days of its sessions each year social workers and prominent laymen from the various New England States met to consider better methods of child welfare.

The Children's Mission to Children had for many years used lantern slides in connection with its educational work. At the time of the study it had just released one of its most experienced workers from all other responsibilities to devote her time to publicity work. Because of her long-time connection with the society and familiarity with the details of its work this worker was in a favorable position to get across to the public the more subtle aspects of social case work as applied to children.

The Boston Children's Aid Society had a publicity secretary on part time with especially assigned clerical assistance and a definite portion of the budget allotted to the work. Bulletins, leaflets, newspaper articles, radio broadcasting, and money appeals were the basis on which the work was developing.

The Florida Children's Home Society raised all but a modicum of its $110,000 budget by popular subscriptions obtained through letters of appeal to a general mailing list of more than 75,000 names, which was very inclusive and representative of all classes. There were at the time of the study over 18,000 contributors from a State having a population of 968,470. The great bulk of the support of this society came from small contributions. A blotter with an appropriate inscription sent to school children a few years ago brought in $8,600. The appeal letters were sent out systematically during

the year and were carefully timed. No contributor received a second appeal during the year, but he was furnished with an annual report and other literature telling about the work of the society. Newspaper publicity was resorted to as a supplement to the appeal letters. Incidentally foster homes were sometimes obtained through this method of educating the public to give its money.

STATE SUPERVISION

The value of State supervision over private child-caring agencies needs only to be stated. A full discussion of its development may be found in Doctor Potter's article "State supervision of placing-out agencies" in Foster-Home Care for Dependent Children.[40]

St. Louis Children's Aid Society.

The Missouri law required that all child-placing agencies not under the auspices of some well-known religious organization, and all homes receiving two or more children under 3 years of age for board, be licensed by the State board of charities and corrections. It required further that the board should investigate the condition of the foster homes, prescribe and inspect the records, and make monthly examination of their officers and agents with power to revoke licenses of all organizations and individuals that failed to obey the provisions of the act or the rules made by the board. Very detailed rules and regulations governing the physical equipment of the homes, and the health, clothing, educational, and recreational standards of homes had been drawn up by the Missouri State board, and these rules were being applied to all foster homes as thoroughly as the personnel of the State office allowed. The St. Louis Children's Aid Society was licensed under these regulations; for lack of facilities in its own office the State board was temporarily waiving the licensing of the foster homes.[41]

The Children's Bureau of Philadelphia and the Pennsylvania Children's Aid Society.

The Pennsylvania State Department of Welfare, established in 1921, had general supervision over all agencies to which children were committed, with power to prescribe standards of care. Although failure to comply with its requirements usually meant reduction in State subsidies, applications for which were acted on by the State assembly after investigation by the State department of welfare, the State department was aiming more and more to secure friendly cooperation with the agencies. In this it was succeeding through its intelligent and sympathetic approach.

The child-caring department of the Society of St. Vincent de Paul of Detroit and the Michigan Children's Aid Society.

These two societies were licensed annually by the State welfare commission, a division of the State welfare department. Placements, transfers, and removals of children were reported to this board. Adoption homes had to be approved by a county agent, who was required to visit annually every child in an adoption home. All

[40] United States Children's Bureau Publication No. 136, pp. 165–191. Washington, 1926.
[41] For rules and regulations of the Missouri board see rules and regulations for the government of boarding houses for infants, boarding homes for children, and child-placing agents and agencies, adopted by the Missouri State Board of Charities and Corrections, Aug. 18, 1922 (authorized by Missouri Laws of 1921, pp. 190–192).

boarding and free homes were licensed by the commission after investigation by either a State or a county agent. The license stated how many children each home was allowed to take, and except with special permission no home was allowed to receive more than two infants under 1 year old.

The Jewish Home-Finding Society of Chicago.

This agency was licensed annually by the Illinois State Department of Public Welfare, but only one inspection had been made in the five years preceding the study, at which time all the boarding homes had been visited. Quarterly reports were made to the State department of all newly approved and discontinued homes, and the agency was required to report all placements. Under the law the State had powers of visitation and removal of children when the placing agency after receiving due notification had taken no action to this end.

The Massachusetts societies.

All incorporated agencies in Massachusetts are required by law to make an annual report on blanks supplied by the department of public welfare. Failure to make such a return for two consecutive years constitutes ground for a dissolution of the trust by the Supreme Court. Unlike the supervision provided for in the other States represented in the study, the Massachusetts Department of Public Welfare exercised annual supervision and inspection only over such incorporated charitable organizations as consented to this oversight.

The New England Home for Little Wanderers (so far as its work lay in Massachusetts), the Children's Mission to Children, and the Boston Children's Aid Society were all eager to further inspection of their work and made their records and foster homes accessible to the State representative. This representative, at the time of the study, was a college graduate, trained in social work and with a ripe social experience. After study of an agency's work her report was sent directly to the board of directors and contained constructive and helpful suggestions. Foster homes in Massachusetts were not subject to license or inspection; but children of under 2 years, who were placed either free or for board, must be reported to the division of child guardianship of the department of public welfare, both by the person or society placing and by the foster mother receiving them. These children were thereafter subject to visitation by a representative from that department (a graduate nurse). If the home was not giving the proper care they could be removed by the State department. None but a licensed home was allowed to take more than one such baby, and then, with very rare exceptions, only two.

The New England Home for Little Wanderers, chartered to work in the six New England States, was affected differently in the different States. In Maine, where two branches existed, the society was licensed annually by the State board of charities and corrections. Homes in which more than two children were boarded were licensed by the same board, these homes being visited annually or oftener by a State representative. In Connecticut, where the society also had established a branch, recent legislation just being put into operation at the time of the study required licensing of homes but not of the

placing organizations, though an annual report of the organization was to be filed with the bureau of child welfare of the State department of public welfare.

The Children's Home Society of Florida.

Florida had no State welfare department and no State supervision, but the society was trying to obtain legislation for the creation of a State department of public welfare, and hoped that this would soon be accomplished through the recently appointed children's code commission.

DESCRIPTIONS OF THE INDIVIDUAL AGENCIES[1]

THE BOSTON CHILDREN'S AID SOCIETY

History and form of organization.

The Boston Children's Aid Society was organized in 1863 and incorporated in 1865 "for the purpose of providing temporary homes for vagrant, destitute, and exposed children and those under criminal prosecution of tender age in the City of Boston and its vicinity, and of providing for them such other or further relief as may be advisable to rescue them from moral ruin." Much of the earlier work was done because the State provided no facilities for giving the necessary care.

At one time the society maintained three small homes outside Boston. One of these was a small farm, purchased soon after the society was organized, in West Newton, known as Pine Farm. This was a training farm for wayward boys, and during the 32 years of its existence took care annually of from 20 to 25 delinquent and truant boys, ranging from 10 to 14 years of age. The staff at the farm consisted of the superintendent and his wife, a schoolmaster, an assistant matron, and the farmer and his wife. As this was a training school for the boys, the placing-out workers of the society kept in close touch with them, and placement in foster homes was made as soon as possible. In order that Pine Farm might not become too large, a second farm known as Rock Lawn, in Foxboro, was purchased in 1896, and this continued in use until September, 1899. A similar but smaller training farm was maintained at Weston for a brief period following March, 1888.

As the needs in the State changed and the State training schools developed these homes were given up. At the time of the purchase of the West Newton farm commitments to the Deer Island House of Correction with older and hardened offenders was the only method of dealing with wayward boys. Later the Berlin department for younger boys was established by the State as an adjunct to the industrial school, and the city truant school was transferred from Deer Island and established on a cottage plan under the name of the Parental School. In addition to these State measures making the work on the farms unnecessary the preventive probation work by visitors of the society in cooperation with the court lessened the need for the training schools, and the encroachment of city developments changed the suitability of the location of the farms.

The Boston Children's Aid Society, always interested in probation work for juveniles, was with other organizations instrumental in having a special judge appointed from the Boston municipal court for the hearing of juvenile cases. This resulted in the establishment of the Boston juvenile court in 1906. The society has

[1] The sections on health supervision under eight of the following agencies were compiled from a study made by Dr. Mary L. Evans. The health supervision of the New England Home for Little Wanderers and the Florida Children's Home Society was not studied in detail.

continued to show its interest in the delinquent child by providing for the Boston juvenile court a group of temporary detention homes.[2]

The greater part of the agency's work for a long time had been accomplished through the placing of dependent, delinquent, and, later, problem children in private families rather than in institutions. In this work the society has earned a reputation as a pioneer.

In 1915 a trust fund, netting the society about $9,000 annually, became available through the discontinuance of the Gwynne Home, an institution formerly maintained for temporary and emergency care of children. In 1916 the Massachusetts Babies Hospital was merged with the society, the work of the two agencies being similar in many respects. Since 1915 the Huntington Institute, originally designed to provide institutional care for orphaned children, has functioned exclusively through this society.

Formerly confining its activities to children living in the city of Boston and its immediate vicinity, the society has expanded its field of work in response to the demands made upon it, until to-day the territory served covers a large part of Middlesex County and extends to a few towns 30 miles or more away from Boston. This extension of service was largely influenced by a cooperative arrangement among some 8 or 10 child-placing societies located in Boston and in other parts of the State. Under the plan these societies held themselves jointly responsible for the child needs of every village and hamlet, as well as the large cities in the State.

In the spring of 1923 a federation was effected of the Boston Children's Aid Society and the Boston Society for the Care of Girls, an organization with a background of 100 years of institutional and placing-out work in Massachusetts. The name of the new organization is the Children's Aid Association. At the time of this study the two societies were functioning separately, although a central committee had been established and one general secretary was serving the two agencies.[3]

Throughout its 60 years of existence the Boston Children's Aid Society has had the deserved reputation of being a leader in child-welfare movements, not only in Massachusetts but throughout the country. Its board of directors has always been ready to lend the services of its executive secretary or members of the staff, as occasion required, to help sister organizations develop and extend their work.

The president, vice president, treasurer, and clerk, together with the honorary vice presidents and members of the board of directors are elected annually by the corporation and form the governing body of the society. At the time of this study 11 men and 10 women were on the board in the membership of which Metropolitan Boston[4] was largely represented. Meetings of the board of directors were

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[2] Durham, Elizabeth P.: "Boston's child system." The Survey, Vol. XLV, No. 7 (Nov. 13, 1920), pp. 250–251; Juvenile Courts at Work, a study of the organization and methods of 10 courts, by Katharine F. Lenroot and Emma O. Lundberg, pp. 78–87. U. S. Children's Bureau Publication No. 141. Washington, 1925.

[3] Since the study the two societies have combined their case-work functions and operate under the name of the association. The association has joined with two other children's societies in establishing offices in one building.

[4] Metropolitan Boston includes the towns and cities outside the city proper which are under the Metropolitan district commission in charge of parks, water, and sewerage for the territory (Mass., Laws of 1919, ch. 350, sec. 123).

held monthly except during July, August, and September, and special meetings were called when occasion demanded.

The board was particularly active through the following committees: (1) The revenue committee, charged with the raising of the money and the approval of appeals prepared by the financial secretary, met irregularly on call, and consisted of two men and one woman; (2) the finance committee, composed of six men responsible for the investment of the funds, met irregularly on call; (3) the central committee, a very strong and important committee with a membership of eight (four men and four women), met monthly, and oftener when occasion demanded, passing on special expenditures and policies, subject to the board's approval except in matters of emergency, when it had authority to act; (4) the investigation committee, which considered problem cases referred to it by the investigating department, met biweekly, and its membership consisted of two men and four women; (5) the placing-out committee, which functioned for the department of placing out in the same manner as the investigation committee for the investigating department, met in alternate weeks and was composed of three women and one man.

Staff organization.

The staff was organized under the direction of the general secretary in three main divisions: (1) Department of advice and assistance; (2) home-finding department; and (3) department of foster-home supervision. Frequent interdepartmental consultations were held in relation to particular problems, which produced well-directed and coordinated plans for the care of the children and their families. These consultations were the more readily held because of the physical proximity of the two departments, as well as the comparatively small units dealt with. The spirit of the staff, hard to define, was one of the outstanding factors in the success of the organization; an esprit de corps was superimposed on qualities of character, fitness for the job, and technical training that was evident to one who conferred with the staff members, read the records, and listened in on informal conferences as the day-by-day problems arose.

Social education of workers.—The society cooperated with the Simmons College School of Social Work in training students assigned to it for their field work, which was planned by the three departments of advice and assistance, home finding, and supervision of placed-out children. The work assigned to the students was selected on the basis of their needs, and care was taken that they should not be used to do errands or act merely as substitutes. The supervisors gave a good deal of personal time to this work, discussing policies and making effective correlation between the field and the academic work.

The general secretary always, one supervisor generally, and frequently one or two visitors were sent to National and State conferences of social work, all expenses being paid by the society, which looked upon these occasions as an opportunity for staff development and the strengthening of the society's own work, as well as a chance to pass on its own experience to other agencies.

Finances.

The income of the society was derived in about equal amounts from four main sources: (1) Endowment, inclusive of the Gwynne Home

and the Massachusetts Babies Hospital trust funds; (2) reimbursement from parents and relatives; (3) subscriptions and donations; and (4) miscellaneous funds, the largest part being income from the Huntington Institute funds.

The amounts received from subscriptions and donations were obtained through a careful system of follow-up of contributors and through general publicity of an educational character under the direction of a paid publicity agent, who gave half time to the society.

Of the total disbursements of $128,073.26 for the fiscal year 1922, nearly $107,000 was spent in direct service to children (their board alone cost about $51,700; clothing, $7,700; medical care, $6,800); and the salaries of visitors and nurses amounted to a little over $31,500.

Types of work undertaken.

The division between public and private agency care in Massachusetts is not absolute. In general the Boston Children's Aid Society took cases which the State was not equipped to handle, through lack of either statutory power or administrative machinery, or which were of an experimental nature. Long-time dependency cases were refused usually unless some special physical, mental, or social problem was involved requiring more money and supervision than a public agency was prepared to invest.

The division of work between this society and the other private child-placing agencies was by (*a*) a territorial agreement whereby the State was districted (see p. 8); (*b*) agreement with certain sectarian organizations—such as Jewish, Roman Catholic, and Protestant Episcopal—not to handle their cases except by special arrangement; and (*c*) specialization by the Boston Children's Aid Society in the care of infants, unmarried mothers, and older delinquent boys.

Placement in foster homes and children's aid were the main types of work carried on by the society. By placement is meant all types of foster-home care, boarding, free, and wage homes being included in the definition. By aid work is meant planning and assisting the families of children, not only of those received for placement but of those who are guided and advised, the latter constituting an important part of the work of the bureau of inquiry.

As a rule, girls 20 years of age or over and boys 18 or over were not received for placement or aid. This age restriction was set aside in the cases of unmarried mothers, one record showing very intensive work done with a mother 40 years old. Definitely feeble-minded children and bed patients needing hospital care were excluded.

Inquiries from child-caring agencies in other cities affiliated with the Child Welfare League of America were investigated by this society on the district plan.

Two special features of the work of the society were court foster homes, and home libraries.

Court homes.[5]—Eight court foster homes were maintained within the city limits, largely for the use of the Boston juvenile court. These homes were carefully selected with a view to intelligent and strict oversight of children, either on continuance from the juvenile court or being held for a hearing. A subsidy averaging $14 per

[5] See Juvenile Courts at Work, a study of the organization and methods of 10 courts, by Katharine F. Lenroot and Emma O. Lundberg, pp. 79–80, 84–86 (U. S. Children's Bureau Publication No. 141, Washington, 1925).

month was paid to these homes, plus $2.50 per diem per child for the first three days and $12 a week thereafter. The rate of subsidy depended on the type of service rendered as well as on the foster family's financial condition. Ordinarily the families were fully self-supporting. In one case, however, a home in receipt of mothers' aid was used, and the society watched the budget with great care, adjusting its subsidy from time to time to meet the situation. A telephone had been installed and was paid for by the society in two of the homes. Clothing and medical attendance were provided. On her side, the foster mother was selected because she was "forceful, resourceful, and understanding," and agreed that some one would always be on hand to receive a child, day or night. One child to a home was the preference, and invariably every child was given a separate room.

The Boston juvenile court, which reimbursed the society for this service on a per capita basis for board and clothing but not for subsidy might place a child direct in one of these homes, immediately notifying the office of such placement. The homes were also loaned on occasion to other agencies for their temporary use, and a very generous attitude of cooperation was maintained in this respect.

During the fiscal year preceding the study, 156 children were in these court homes a total of 802 days. Ninety-six came from the Boston juvenile court, 53 were wards of the society, 7 were children under supervision of other agencies. The total cost for this service, exclusive of medical care, clothing, and incidentals, but inclusive of subsidies and board, was $2,783.60. The experience of the society based on an extended use of this type of home indicated that better individual care, protection, and individualization can be assured children in these families at less cost than where a detention home is maintained.

Home libraries.—For 25 years the society has supported a library service in lending books to children in their own homes. Small clubs of 8 or 10 children had been established in different sections of Boston. One child in each club was constituted librarian and a selected number of books placed in his home and from there lent to neighbors. Once a week the children's aid supervisor, either personally or through a corps of volunteers, met with these clubs to direct their reading. Incidentally the supervisor made helpful contacts on the social side. The development of home recreations, which were by no means always confined to reading, was the contribution made by these home libraries' clubs, in which mothers and older brothers and sisters sometimes joined.

Terms of acceptance.

Since Massachusetts laws do not allow courts or overseers of the poor to commit children to private organizations, no children were so received by the Boston Children's Aid Society. Children before the juvenile court on charges of neglect and delinquency were sometimes placed with the society on court continuance. Reports were then made at stated intervals to the court's probation officer who had the ultimate responsibility of the child and could surrender him to the court when occasion warranted.

A child rarely was received on parental surrender, which transfers from the parent to the society the right to consent to adoption.

More often guardianship was given through the probate court to a representative of the society, usually the general secretary. By far the largest number of children in care came without transfer of legal control from the parents.. In a few cases the control was vested in a guardian other than a representative of the society, or no control might be established in the case of full orphans, when, however, it was customary in such cases to have a guardian appointed.

Financial reimbursement by parents or other guardian was not a requirement, but it was given weight in connection with the acceptance of a child. Lump-sum payments, whether from parents or in the form of subsidies, were never received. Periodic payments from parents and other relatives were encouraged. These were based on a careful estimate of the financial situation in every case. Occasionally a private agency, church, or club paid for a child in whom it had a special interest. In the same way a few overseers of the poor reimbursed the society for the board of children for whom they desired some special form of care which could not be obtained through the division of child guardianship of the Massachusetts Department of Public Welfare.

The placing-out visitor was responsible primarily for the enforcement of these financial agreements. She determined when readjustments should be made, and when a visit rather than a dun or a personal letter was likely to bring better results from delinquent relatives. It was on her initiative, also, that accounts in arrears were referred to the Legal Aid Society, which agency cooperated for an annual fee in the law work of the children's aid society. This visitor conferred with the representative of the Legal Aid Society as to when, if at all, a case should be brought into court, either for criminal prosecution under nonsupport procedure if the child was still in a foster home, or under civil procedure if he had been returned to his parents or had otherwise left the society's care.

The full cost of board was paid by the parents or other guardians for 9 of the 93 children received in 1922; for 64 children part of the board was paid; and for 20 children the society received no reimbursement. Fully one-quarter of the total income of the society came from parents, relatives, and guardians.

Investigation prior to acceptance.

The investigating staff consisted of a supervisor and five case workers, four of whom were assigned work in the field. The original applications all passed first through the hands of the fifth worker who made such adjustments as could be effected through office interviews and correspondence. The applications which could not be so adjusted were then referred to the field investigators. The results of this course had proved very valuable, offering distinct advantages over the methods in vogue in most agencies, where applicants are first met and interviewed by a clerk without social-work training. A feature of the thorough preliminary investigation was the definite plan made when the child was received, and the precise way in which this plan was entered on the record.

Agreements for board payments by the parents or relatives were made in writing when a child was received, these being based on a study of the family income in relation to its budget. Such agreements were subject to change when conditions warranted.

In the investigation emphasis was from the outset on the maintenance or establishment of good family life rather than the placement of the child, and no reasonable effort was spared to keep or place him with his own family provided a fair chance existed for him to make good there. Such agencies as the Family Welfare Society, Baby Hygiene Association, and other organizations working directly with the family were called upon to supervise these adjusted cases. In places outside of Boston where no agency existed for the purpose and no individual could be enlisted to supervise, the Boston Children's Aid Society considered itself responsible not only for making a plan but for carrying out the supervision.

Foster-home finding and placement.

Foster homes were sought out and investigated by three special visitors working under a supervisor of home finding. These four workers devoted all their time to this work, thereby developing a high degree of skill in selecting the proper persons to act as foster parents. Their energies were not diverted by pressure from problems connected with the children themselves, as is likely to be the case where the visitors have a dual responsibility of home finding and after-placement supervision.

The society had eight visitors in the child-placing department, three of whom were nurses.

All children accepted for placement by the society were placed in foster homes. (For definition of foster homes as accepted by the society see p. 2.) Of 342 children accepted within a given period 102 (29.8 per cent) were first placed in the special homes maintained by the society, the others being placed at once in regular foster homes. Of the 102 children 71 were relocated within a month; all but one child left the special homes within five months, and that one stayed between six months and one year.

The society had 17 instances of two unrelated children in the same foster home, 3 instances of three unrelated children, and in 1 instance four unrelated babies (two under 2 years and two over 2) were in one home. In some instances the society had placed as many as five or six related children in one foster home.

Great care was exercised in introducing a child to this home, and under no circumstances was he sent alone. Occasionally the foster mother might call at the office for him, but generally his visitor took the child personally to the home, having previously planned with the family for his reception. Sometimes a visitor stayed several hours to make the adjustment easy and natural.

Foster-home visits.

Children were usually revisited within a few days of their placement, especially if the foster home was one never before used. In cases where difficult situations arose, visitors made repeated home visits, as often as every week or 10 days, and sometimes over long periods of time. The need in each child's case formed the basis for decision, and no rule existed except that it was expected that children would not go unvisited for more than two months. Children were assigned to visitors because of that visitor's special abilities to handle their type; any territorial considerations were subordinated to the need of continuous oversight by some one person who knew how to

handle the child. With the increase in care in the selection of the home in the first place, greater relaxation in routine visiting was found possible, which with certain safeguards was beneficial to the child.

Education.

The school was visited by either the visitor or the foster mother. If by the visitor, she took pains to safeguard the child's position in the community. Visits were not made at stated intervals, but the teacher was seen several times during the school year, and much oftener if a special educational problem was involved. The purpose of the visitor's report on the school progress of a child was to determine: (1) Whether the child's adjustment was good, and if not, why; (2) his strong and weak points, mentally; (3) future policy with relation to the child's particular educational needs.

The aim was to provide all the education that a child was capable of assimilating and of the sort adapted to his mental make-up. Most of the children went through the grammar grades, many to high school, and a few were being helped to go to college.

Religious training.

Children placed in foster homes were expected to attend the Sunday school and church of their own faith within the three major divisions—Jewish, Roman Catholic, and Protestant—and foster mothers were urged to attend with them.

Allowances.

Younger children received allowances through the foster mothers, who usually gave them in return for small duties performed by the children. These were budgeted carefully for church, recreation, gifts, and savings. When the foster mother was unable to provide an allowance herself, it was charged to the society. Older children earned spending money, which they were helped to budget by the foster mothers as well as by the visitor.

Recreation.

The policy of the society was to provide the child with wholesome recreational opportunities within his own community. In this matter, as in others, the work was accomplished as far as possible through the foster family, the society steering and advising in the background. The therapeutic value of play was recognized, and skates, tennis rackets, and other equipment were provided when their need was indicated.

Clothing.

The Boston Children's Aid Society, in collaboration with the Bethesda Society and the Church Home Society, employed a clothing purchaser. A joint stock room was maintained from which children were originally outfitted with clothing suited to the season and the social grade of the foster home to which they were to go. Semiannually the visitor inspected the child's clothing with the aid of the foster mother, and necessary replacements were made, outgrown articles in good condition being returned to the office. No distinction was made between boarding and free homes in regard to clothing, except in the case of adoptive homes, where the responsibility for dressing the child was left with the foster parents. In addition to being responsible for the stock room, the clothing pur-

chaser made selection of articles not kept in stock that were needed by the children. The system was elastic and did not interfere with the visitor's relation to her child. If a visitor desired to shop personally with an older child, this was specially arranged as in the case of the older boys who had a man visitor. Most of the girls, however, preferred to shop with the "specialist," as they called her, and it was interesting to note that this purchasing agent, conversant as she was with materials and styles, had gained the cooperation of some of the girls to a marked extent and had reeducated several in matters of dress.

Health supervision.

The staff of the preventive clinic of the Boston Dispensary [5a] (supported jointly by the Boston Children's Aid Society and the Church Home Society), three registered nurses, a social worker, and a clerical assistant did health work for the society. The society also paid for the part-time service of a physician from the Boston Dispensary for physical examinations of older boys; and a physician from the Society for the Prevention of Cruelty to Children made gynecological examinations in court cases and gave expert testimony before the court when necessary. The three registered nurses were members of the staff of the society (child-placing department), of whom two were engaged in the actual supervision of children under 3 years of age in foster homes and the third acted as supervisor of the medical work in the office and did social work with the babies families. The supervising nurse was a college graduate and had had 10 years' experience with the society and in hospitals; the two nurses engaged in visiting babies had each been with the society three years, one of them having had additional experience in public-health work.

Of 93 children accepted for care by the society in the year ended September 30, 1922, 16 were health problems and 10 behavior problems (about 28 per cent). On March 31, 1923, of 300 children in care, 58 were health problems and 89 behavior problems (about 49 per cent).

Routine health examinations.—On admission to the society every child was given a complete physical examination by the preventive clinic. Curable defects were given prompt attention, and the child frequently was kept in a temporary foster home until important corrections were made, especially if the selected permanent home was at a distance from the clinic. Thereafter he was kept under regular observation by the clinic, returning for examination every four to six months or oftener if the need was indicated. The date for reexamination rested with the pediatrician in charge of the clinic. Babies were visited weekly in their foster homes by the nurses, and their charts were presented to the physician at the clinic at a biweekly conference. The babies were brought to the clinic if the physician so directed.

Mental examinations.—Mental examinations were not routine. All the mental work for the society was done free of charge by the Judge Baker Foundation, the Boston Psychopathic Hospital, the

[5a] The director of the preventive clinic was also superintendent of the children's department of the Boston Dispensary. A woman full-time physician on the staff of the preventive clinic worked largely with the feeding problems of the babies of the two societies supporting the clinic.

Habit Clinics for Preschool Children, and the Waverly School for the Feeble-minded. Owing to the fact that many of the children received presented delinquency or personality difficulties, mental tests were given to a large number of children over 4 years of age. Frequently the examination was made before the child was placed in care of the society or while he was under observation in a foster home.

The society cooperated very closely with the Judge Baker Foundation, which referred many of its problem children for placement by the society and gave reciprocal service by testing difficult children brought to the clinic by the society's visitors. Unmarried mothers were as a rule given careful personality study, usually by a psychologist or psychiatrist.

Records.—A form signed by the parents or guardian when a child was admitted to the society giving permission for hospital treatment, a form giving the family and personal history of the child for use on the first visit to the preventive clinic, and the physical-examination blank used at the clinic were filed with the child's record. Visits to clinics or home visits by a physician were mentioned usually in the record, and also notation of visits to hospitals for operations, accounts of interviews with and reports from psychiatrists, written reports of mental examinations, results of examination and diagnosis by the preventive clinic, with the dates for return of child, laboratory reports, and reports of X-ray examinations were filed. The reports from the clinic were filed in a small folder at the back of the case history; after a child had reached 3 years of age his weight chart and clinical charts were filed with the case in a separate folder.

Health standards for foster home.—In placing children the problem of health was given first consideration; recommendations regarding placement made by the physicians at the clinic in view of the child's physical condition were carried out always, and the recommendations made by the Judge Baker Foundation and the Psychopathic Hospital regarding problem children were carried out as closely as possible. The society had two standards for boarding homes, one for those in which babies were placed and one for homes for older children. Babies could be placed in homes in the city if there was a porch, and separate sleeping quarters were not required if arrangements could be made for placing a crib in the sleeping quarters of the foster parents. The society furnished cribs when necessary. The foster mother was required to be a woman of intelligence who could follow directions faithfully in regard to the feeding and care of the baby. An amount in addition to the board paid was supplied for the purchase of milk; special foods, if required, and dextri-maltose for the preparation of the baby's formula were supplied by the society. These foster mothers were instructed in regard to feeding, bathing, and general care of the baby by the nurses who visited the homes each week. A written copy of the formula for the baby was furnished. Each mother was asked to visit the clinic so that the clinic physician might talk to her in regard to her child.

Most older children were placed in homes in the suburbs, or in a city house with a yard. A separate room was required in most instances, or in the case of small children separate beds in the same room

might be allowed. No arrangement was permitted whereby a child would sleep in a dining room or a living room. Unless the house was on a farm in the country, it was required to have inside plumbing and a bathroom. The visitors instructed the foster mothers in the care of the older children and were responsible for seeing that the instructions were carried out. The health of the foster family was inquired into carefully before the home was selected for placement by the investigator, not only through the information obtained from the family itself, but through a personal interview with the family physician and through independent references.

Corrective work and special treatment.—The corrections of defects and treatment to be given at the Boston Dispensary were arranged for by the social worker of the preventive clinic, and the dates for the return of children were given to the society's visitor, who was responsible for returning the child on the appointed date. The preventive clinic also arranged for hospital care for all children under 12 years of age at the Boston Dispensary. Children over 12 requiring hospital care were entered at other hospitals, arrangements being made by the society's visitor. The City Hospital, the Homeopathic Hospital, and the Massachusetts General Hospital were used most frequently. Each visitor was responsible for obtaining the necessary treatment for each child in her care.

Children served by the preventive clinic were automatically given treatment in the other clinics of the Boston Dispensary under the direction of the head of the preventive clinic.

All dental work for the society was done at the dental clinic of the Boston Dispensary. Children's teeth were examined and put in good condition upon admission and were reexamined at intervals of six months thereafter. In the case of a child living too far from the clinic to be brought for treatment a local dentist was used, the society paying the bill. All eye work, X-ray, and laboratory work were done at the Boston Dispensary.

Children with active tuberculosis were not accepted by the society but were referred to the State sanatorium. In suspected or arrested cases children were placed in foster homes and given special supervision with special diet according to the recommendations of the clinic. Children with gonorrheal infection were placed in temporary homes without other children and were treated under the direction of the clinic physician. If hospital treatment was necessary, children with a city residence were sent to the Homeopathic Hospital or to the City Hospital; State cases were sent to the State institution at Tewksbury. The society did not accept children showing a positive Wassermann reaction with open lesions. Children without lesions were placed in foster homes and sent to the Boston Dispensary for treatment.

Orthopedic cases were accepted, if they were not bed cases, and cared for at the Boston Dispensary. Neurological cases were cared for at the dispensary, but mental cases were referred to the Judge Baker Hospital or the Psychopathic Hospital. Cases of contagious disease were cared for at the City Hospital, at local hospitals, or in the foster homes.

In cases of illness of children in foster homes in the metropolitan district the foster mother notified the society and the clinic physician

visited the child, except in an emergency when the nearest physician was called. Outside the district a local physician was used, the foster mother reporting the illness immediately so that the clinic physician might get in touch with the attending physician. Where a child required nursing treatment and was too ill to be moved from the foster home, or in cases of contagious disease, a nurse was provided to care for the child or household help was provided for the foster mother so that she might nurse the child. The society paid all charges for outside medical attendance and nursing (the society's nurses were used only for the care of babies). Undernourished children were placed in special types of country homes, were given special diets, were visited frequently, and were returned periodically to the clinic for observation. The Visiting Nurses' Association was called on sometimes for nurses to visit children in foster homes.

Cost of health work.—The society paid a stated amount toward the salaries of the personnel of the preventive clinic and the up-keep of the clinic physician's automobile. The Boston Dispensary furnished quarters, light, heat, telephone service, equipment, and supplies for the clinic. Services of all departments of the dispensary were furnished free with the exception of dental, the society paying for part-time service of the dentist. All laboratory work, X rays, and prescriptions were free with the exception of a few special medicines that were charged for at cost. Glasses were furnished at cost and braces at reduced rates. The society paid for the material for Schick tests and for toxin-antitoxin. Children sent to the hospital of the Boston Dispensary were paid for at the rate of $7 a week; for tonsil and adenoid operation, including two nights' care, $6 was paid. Hospital care for children over 12 years of age was sometimes obtained free of charge at the City Hospital, if a child was a resident of Boston, or a free bed was sometimes obtained in other hospitals; if free care was not available the society paid for the hospital care.

The expenses for medical work of the society in the year 1921–22 was $6,868.54, of which $5,600 was for the maintenance of the preventive clinic, and the remainder for outside professional service, hospital care, special medicines, glasses, etc. The supervising nurse of the society was paid $1,550 and the two other nurses, $1,500 each. The per capita cost of health work for the year was $16.50, with 416 children in care. Although this expenditure is higher than that of many other agencies, the health supervision given by the Boston Children's Aid Society is complete and satisfactory in every way and the society feels that the cost is justified by the results obtained.

Responsibility of the society.

Final responsibility in all that pertained to the child's welfare rested with the society. An exception was made in the case of prospective adoptions, where the society was in the habit of withdrawing little by little, ultimately leaving the entire responsibility with the adoptive parents. As boarding, free-home, and wage-home foster parents became better known, more and more was left to their judgment, but this was done cautiously and only when their standard of essentials was in accord with that of the society. In minor matters foster parents were allowed considerable leeway.

Visits by parents to children in foster homes.

Parents and relatives were actively encouraged to keep in touch with both the child and the society. Carfares were allowed for visits, and on rare occasions foster mothers had been paid for providing meals and a lodging to parents living at a distance. Permission to visit had to be obtained through the office, but the rules were elastic, and when relations were well established between parents and foster parents direct connections were often allowed. In cases where the parents' interest was lukewarm, special efforts were made to revive it. Under right conditions children were allowed to visit parents for week ends or holidays. Occasionally it was found that the influence of the parents over a child, whether the visits were at the parent's home or the child's foster home, was so destructive that the privilege had to be withdrawn. This difficulty is more likely to arise in a problem case than in any other.

Family rehabilitation.

From the moment the child was received, unless it was evident at the outset that his own home should not be maintained, plans were directed toward its rehabilitation. The placing-out visitor was responsible for this reconstruction process as well as for the supervision of the child in his foster home. To this end all the resources of the community were called into play, and a very full use made of other social agencies.

Follow-up after return of child to his own home.

The society felt a definite obligation toward children returned to their own homes and for this reason did not discharge them immediately they left the foster home. Usually they were continued under supervision over a period of several months, the parents' home being visited more or less often during that time. Only after reasonable assurance was given that the situation was comparatively stable was the child formally discharged. During the follow-up period efforts were made to connect the child with local clubs and settlements, and to leave some sort of supervision over the family which should carry on after the society had withdrawn.

CHILDREN'S MISSION TO CHILDREN [5b]

History and form of organization.

The Children's Mission to Children was established in 1849 and incorporated in 1864. Its original purpose was to take children off the streets and interest them in Sunday schools and evening classes, but later it was found that placement in homes was a necessary part of the work. The charter of the society as amended in 1913 states that the object of the society is "to institute such methods in behalf of exposed and otherwise needy children in the city of Boston and vicinity as will promote their welfare and lead to good citizenship."

In the early period, before the Civil War, a lodging house was provided for working boys, and the early reports of the society state that the "agent walked the streets looking for suitable subjects."

[5b] Since the study was made the Children's Mission to Children has consolidated all the case work of the society in one department. According to the statement of the general secretary this method of work furnishes greater continuity of service and better understanding by the workers of all sides of each case. No worker feels that this or that item is the responsibility of another department and does not concern her.

Later on a temporary home for neglected and dependent children was built. It was, however, never the purpose of the society to keep children for long periods in the institution, but to send them out into free foster homes as soon as such could be found. From this free-home system the present method of boarding care was gradually developed.

In 1924 the board of directors consisted of 15 members—11 men and 4 women. The men represented a wide range of interests, including members of the legal and medical professions and of the ministry, as well as manufacturers, bankers, and stockbrokers. The board acted on policies and felt a definite responsibility for money raising as well as the management and investment of the funds of the society. Regular monthly meetings were held except during the three summer months. In addition, a monthly meeting of the board and staff was held which brought the directors into close relation with the visitors. At these meetings problem cases were presented for discussion and advice. Weekly meetings of the staff attended by the general secretary, social workers, stenographers, and clerks were held, at which matters of general interest in the field of child welfare were presented, the members of the staff taking turns in being responsible for the conduct of these meetings.

Quarters occupied by the agency.

The agency owned and occupied a six-story brick dwelling house, which at the time of the study had been in use about one year and had been renovated to suit the needs. It was commodious, light, airy, and very conveniently located. It was midway between the two railroad terminals. A self-operating electric elevator connected all floors. In the basement was a well-fitted room where physical examinations were made. On this floor also were kept the clothing supplies. The main office and reception room, and comfortable space for stenographers and bookkeeper, occupied the first floor. The general secretary had a room on the second floor which adjoined the board room. On the second floor also was a small but well-equipped rest room, where lunches could be prepared and eaten by the staff. The rest of the second and the whole of the third floor were given over to the departments of advice and assistance and placing out, with ample provision for interviewing. The fourth and fifth floors were occupied by caretakers, a man and wife especially selected on account of their fitness to provide temporary care for children staying short periods. During the period studied these quarters were used for only seven children, all of whom stayed less than one month. Children held in the office for a few hours were also cared for there. Two rooms on the fifth floor were kept exclusively for this purpose. Separate toilet and bathing facilities had been provided for the children. The whole atmosphere of the building was agreeable and gave the applicants opportunity for quiet and privacy, thus facilitating the work of the office and making for better social contacts.

Finances.

The Children's Mission to Children was the special interest of the Unitarian churches in Boston, and about one-fourth of its income was contributed by Sunday schools and church societies. Educa-

tion of children in benevolence through these organizations was a prominent feature of its work. The rest of the income was derived from endowment, from reimbursement from relatives, and from general subscriptions. No money was received from any public source.

Though financial reimbursement was not an essential feature of the intake, it was important from the practical side, especially in view of a temporary restriction on intake. For more than one-third of the children in care during the year prior to the study no reimbursement whatever was received; one-half paid part board, and less than one-sixth paid full board. During the year before the study the agency had been obliged to curtail its intake and to limit its service to cases previously known to the society or to those children for whom no other provision could be made by any other agency. The only other recourse would have been materially to reduce the quality of its work, and this the directors refused to do. This intake limitation has since been abolished.

Types of work undertaken.

In addition to general child-placing work rendered to a prescribed territory, under a plan of cooperation entered into with a group of agencies doing a similar work (see p. 8), the agency rendered a very special service through its "medical homes"; into these homes children were received from hospitals for posthospital care. This specialty had been carried on for nine years and was duplicated by no other agency. Plaster-cast recumbents, children with ambulatory bone lesions, and other types needing frequent hospital observation and treatment and lacking proper homes or living at a distance, were cared for in these homes. (See p. 111.)

An occasional service was given out-of-town societies by caring overnight for one of their children in the temporary home maintained on the fifth floor of the administration building.

Children under 2 years of age were not taken for foster-home care (another agency in the field specialized in children under that age) unless they were members of a family group, nor were feeble-minded children received except in rare instances and then only as a step toward institutional care. The agency made no age, sex, racial, or sect limitation, but delicate children in casts, on crutches, in wheel chairs, with heart, choreic, and other physical limitations were the types specialized in by the society.

Foster-home finding and placement.

The care with which decisions were made in accepting children for foster-home placement was exemplified by a case in which application was made for the placement of one child only, and the investigator recommended that all five children in the family be placed. In another instance, where two months' care was requested, 15 months' care was given, showing the pains taken to see a case through, once the responsibility was assumed. Of 667 applications received in one year, 167, or 25 per cent, were accepted to place the children in foster homes. Painstaking work on the other cases revealed the possibility of adjustments that were better for the children, and which often meant establishment with parents or relatives.

Children were placed on reception either in the temporary home or directly in foster homes. Very few, however, went to the tempo-

rary home. All children received during the six months prior to the study period had gone directly to their foster homes.

Except in their special medical homes where as many as 10 unrelated children were placed frequently, the Children's Mission to Children usually placed their unrelated children individually. At the time of the study this agency had three unrelated children each in two homes and two each in three homes. The agency reported 41 related children in 17 homes as follows: Two children each in 13 homes, three children each in 2 homes, and four and five each in 2 others.

Foster homes were investigated by one visitor who gave her time almost wholly to the work, though she supervised in addition a group of 13 placed-out children, largely to give perspective to her major job. These homes were mostly boarding homes, with a very few adoptive, free, and wage homes. The free and wage types were used almost exclusively for older boys and girls attending school, or earning their own support.

The society has looked upon its foster parents as an extension department of its work, and by this means has called forth much loyalty and devotion from them. An annual foster mothers' meeting was a feature, and this tended to encourage a feeling of fellowship on their part. The ultimate responsibility, however, has always rested with the society, and the visitor was constantly reminded that it was her obligation to guide the foster mothers.

Replacements.

Permanency in a foster home has always been recognized by the agency as highly desirable; it has appreciated also that most of the children came with a problem which exacts very special provision, but that the problem was likely to change from time to time. A boy with osteomyelitis, for example, required expensive care in a medical home over a period of years; at the age of 16 he had come to the point where he could go on crutches. His vocational needs were then paramount, and the society placed him in a city home where he could attend a day school for crippled children. It was far better for him to be thus relocated than for the statistics on replacements to make a better showing at his expense.

The following table shows the number of placements made in the cases of children who, on June 23, 1923, had been under care for the specified periods of time:

Placements made in the cases of children under care of the Children's Mission to Children on June 23, 1923, for the specified periods of time

Time under care	Total	Still in home in which first placed	Replaced 1–2 times	Replaced 3–9 times
Total children	138	49	60	29
Less than 1 year	30	24	6	0
1 year, less than 8	96	22	53	21
8 years, less than 16	12	3	1	8

Clothing.

The Children's Mission to Children kept on hand a stock of underclothing in a room devoted to the purpose. Much of this was bought at wholesale, though church organizations contributed their quotas. Individual things such as dresses, suits, shoes, and hats, were bought by either the visitor or the foster mother and paid for by the society. The older children were usually accompanied by the visitor when shopping.

Education and recreation.

Each visitor had an average of from 25 to 40 children to supervise. Close personal attention was possible in the matter of educational development, and effort was directed to giving each child the amount and kind of training best adapted to his mental equipment. A good proportion of the children entered high school, and those with special aptitude were helped to go to normal school and college. Girls had been trained for nurses and stenographers, and boys had been taught trades of various sorts. One was given a special course in electrical work, another was learning the plumbing trade, and two others were being helped to attend law school in the evening.

In selecting the foster homes recreation facilities were borne in mind, and the visitors were expected to meet individual needs in this direction, even though it entailed expense to the society. If music lessons or membership in the Boy Scouts would help the child's career, the cost was not begrudged; it was results that were sought, and quality rather than quantity of work was the test applied. The aim was to place each child in a foster home of churchgoing people of the same general religious faith—Roman Catholic, Protestant, Jewish—as his parents. Where a family had a strong sectarian preference, this was given consideration in placing children in that home.

Allowances.

Younger children received allowances through the foster mothers, who usually gave them in return for small duties performed by the children. These were carefully budgeted for church, recreation, gifts, and savings. When the foster mother was unable to provide an allowance herself, it was charged to the society. Older children earned spending money, which they were helped to budget by the foster mothers as well as by the visitor.

Contact of child with his own family.

Relatives were encouraged to visit in the foster home without restrictions, unless the privilege was abused. They were further urged to keep in touch through correspondence with their children. Except in cases referred by a hospital social-service department or other social agencies, the society took the initiative in rehabilitating the families of the children. Children were not ordinarily discharged from care as soon as they were returned to their own families, but were placed on a "perennial inquiry" list and were thereafter followed up at irregular intervals, sometimes over a period of several years, to make sure that home conditions were stabilized.

Health supervision.

Two members of the board of directors were physicians—one a surgeon and one a pediatrist. The agency employed a physician

who came on call to the office to make physical examinations of the children received for care and who visited children sick in foster homes sometimes, though such attendance was often given by the family physician of the foster family if it was approved by the agency. Two visitors supervised the hospital children in their foster homes and took the children back and forth to the clinics and hospitals for treatment and observation. One of these visitors was a trained dietitian, but neither of the two was a trained nurse or had had previous medical experience. No member of the staff devoted his whole time to health work.

The agency usually did not accept young infants requiring special feeding, definitely feeble-minded children, children with active tuberculosis, syphilis with open lesions (unless by special permission from the pediatrist) or with gonorrheal infection, but accepted children with any other type of health problem. About 1914 the Children's Mission to Children began to specialize in the care of hospital children; that is, children who have been treated in hospitals and whose condition is such that they are able to leave and would be benefited by a residence outside the hospital, but who still require more care and attention than could be given them in their homes and who must be returned to the hospital at intervals for observation and treatment. The hospital physician retains charge of the case until it is closed. This work has been continued and developed and is a special contribution to the child-caring work of Boston.

Physical examination.—Routine physical examinations were given to all children on reception except those referred direct from hospitals (in these cases the hospital furnished the information about the child's health required by the agency). The examination was made by the agency's physician in the examining room in the basement of the administration building—height and weight were noted, temperature taken, vision and hearing were tested, and teeth, nose, and throat examined. Sometimes older girls were taken to the office of a woman physician for physical examination, especially when a pelvic examination was required. Occasionally a hospital child who could walk was brought into the office and examined before placement, but usually the information from the last general examination made at the hospital was entered on the child's record and the case was well followed up with examinations in various clinics at frequent intervals.

Mental examinations.—Mental examinations were not routine; they were made usually by the Judge Baker Foundation or the Boston Psychopathic Hospital. The need for such examinations was decided upon usually in conference between the visitor in charge of the child and the supervisor of the foster home care department based on indications of backwardness in school, behavior problems, or bad heredity. Such examinations were made in all adoption cases.

Records.—Health items appeared under separate captions in the case record of each child; in addition to which a medical sheet was filed in the record giving the family, personal, and medical history of the child filled in by the investigator, on the back of which was a printed form for physical examination with diagnosis and recommendations to be filled out by the examining physician. Ruled sheets were attached for the notation of subsequent physical examina-

tions, treatment, clinic visits, report of X rays, etc. Written reports from the psychiatrist were filed with the correspondence in each case, and reports of mental examinations were noted in the running record. In the case of a child referred from a hospital the examination blank was filled out by the hospital physician. Any subsequent treatment ordered by the physician was copied into the record. Records were well written and easy to follow and showed good follow-up in regard to frequent visiting and returns to hospitals.

Health standards for foster homes.—Before a foster home was accepted by the agency a statement from the family physician with regard to the various members of the household was required, and the visitor reported on the location, surroundings, comfort, and sanitation of the house. An effort was made to obtain separate rooms for each child. Unless a home was in the country an inside bathroom was required. Most children were placed in the suburbs in detached houses, unless it was necessary to place a child near a clinic or hospital when a city house or even an apartment house was sometimes used. In placing children health problems were given first consideration, and the recommendations of physician or psychiatrist were followed as closely as possible.

Instructions to foster mothers in regard to the physical care of children, their diet, hours of sleep, and general hygiene were given by the visitor, who also gave them instructions received from the physician in regard to children who were health problems. Where a child needed massage or special manipulation the foster mother went to the dispensary and received detailed instructions from the physician. Printed diet slips were furnished by the hospitals for special cases.

Corrective work and special treatment.—When children had been examined by the agency physician and recommendations made for corrections or special treatment they were referred to various clinics and hospitals or to one of the consulting physicians on the staff of the agency. The visitor was responsible for arranging that the child have the necessary treatment, for obtaining reports from the clinics and hospitals giving the diagnosis and recommendations for treatment, and for transporting the child to and from the hospitals and clinics.

Dental work was done at the Forsyth Dental College, where the agency paid only for materials used, or at the dental clinics of the dispensaries to which the children went, or by a staff of consulting dentists who did the agency's work at reduced prices. Eye work for the agency was done at the Eye and Ear Infirmary of the Massachusetts General Hospital. X-ray pictures were made wherever the child was being treated; blood counts and urinary examinations were made by the agency's physician; and vaginal smears and throat cultures were done at the laboratory of the city department of health. Surgical work and orthopedic surgery were usually done at the Massachusetts General Hospital.

The agency did not accept children with active tuberculosis, but referred them to the State sanatorium. Suspected cases were placed in special homes under special supervision. Children with venereal diseases were not accepted; however children showing positive Wassermann reactions without open lesions were placed in foster homes,

the foster parents first being informed of their condition, and were sent to the Massachusetts General Hospital for treatment. Neurological work was done at the Massachusetts General Hospital and mental examinations were made by the Judge Baker Foundation or the Boston Psychopathic Hospital.

If a child became ill in a foster home the agency was notified whenever possible by the foster mother and the visitor arranged for the child to be visited by the agency physician or some other physician known to the society. The agency called on the Visiting Nurse Association for nursing service for children ill in foster homes or for special treatment in foster homes.

Medical homes.—The Children's Mission to Children used two homes for hospital children, bed cases, or other children needing very special attention. The homes were not subsidized by the agency, but an effort was made to keep them as nearly filled to capacity as possible. The board paid for these children ranged from $6 to $10 a week. One home was about 15 miles outside Boston. The foster mother, a middle-aged unmarried woman, owned her own home and was devoted to the children in her care. During the summer months this foster mother rented her house and obtained a cottage on the shore so that her children might have the benefits of the sea air. This home was used almost entirely for orthopedic cases, both bed and ambulatory cases. At the time of the visit to the home (the summer cottage) six children—five orthopedic cases and one medical case—were being cared for in addition to a 15-year-old girl. The orthopedic children were taken back and forth to the hospital for necessary treatment, and the local physician attended the children in the home if there was need.

The second home was about 5 miles from Boston. The foster mother was a trained nurse, whose husband and sister, a capable woman, lived with her. The home was equipped to care for 10 children. At the time of the visit to the home 7 children were under care, all orthopedic cases, in addition to one child being boarded for a private family. The house had an open porch at the back on the first floor overlooking the children's playground, which was fitted with a play house, a slide, and swings. On the second floor at the back of the house was an inclosed sleeping porch with a sunny exposure. This home was used for children needing trained nursing care. Children showing positive Wassermann reactions with open lesions when accepted by the agency were usually sent to this home.

Cost of health work.—No clinic fees were charged the agency by the clinics to which the children were sent, nor were X rays charged for if ordered by the clinics. In other cases the agency paid for this work. The agency usually paid for medicines prescribed, for braces, crutches, or other apparatus for children whose parents could not afford such expense. Usually the agency obtained free beds for its children requiring hospital care. Contagious cases were sent to the city hospital or to the nearest local hospital, and the expense was charged to the child's legal settlement. Visits to children ill in foster homes by the agency or local physician were paid for by the agency. An automobile with a driver was hired two days a week at

a cost of $15 per day for the transporting of children to the hospitals and clinics.

NEW ENGLAND HOME FOR LITTLE WANDERERS[6]

History.

The New England Home for Little Wanderers had its inception in a mission opened on Ann Street (since called North Street) in North Boston in 1852 or 1853. As the mission grew, Dr. O. S. Sanders, a physician prominent in the work of the mission, established a free dispensary in connection with it. From his contact with those who came to the dispensary for treatment, Doctor Sanders became interested in their home conditions. As a result, the mission workers began a special investigation and a meeting was called by Doctor Sanders in 1863 for the purpose of organizing a charity to care for destitute and homeless children on a nonsectarian basis. A committee was sent to New York City to study the work of the Howard Street Mission as a model, and following its report, a charter for the new institution was drawn up and granted by the State legislature in March, 1865. The society was incorporated under the name of the Baldwin Place Home for Little Wanderers, as it was found impossible to incorporate under the original name of the Union Mission and Home for Little Wanderers. An old church property at Baldwin Place, Boston, was acquired, remodeled, and finally dedicated on May 23, 1865. Some years later the name was changed to New England Home for Little Wanderers.

The purpose of the society as stated by the charter was "rescuing children from want and shame, providing them with food and clothing, giving them instruction in mind and heart, and placing them with the consent of their parents or guardians in Christian homes." For several years before the granting of the charter the society had been taking children for placement in free homes in the Western States as well as in New England. In addition to accepting children for permanent and temporary placements, the society operated a day school "for children who were too poor, or whose parents were too degraded to send them to public schools." Aid in food and clothing was also given to destitute families in their own homes.

In 1887 the society acquired property on West Newton Street, Boston, for the erection of a new home, which was dedicated on April 28, 1889. Additional space made possible the introduction shortly after this date of a kindergarten and of a girls' industrial school. This home was occupied until the erection of the present institution on South Huntington Avenue in 1915.[7]

Finances.

Nearly half the income of the society came from endowment; reimbursement from relatives and donations and subscriptions were the two chief sources of the remainder. With the exception of a few children for whose care reimbursement was made by overseers of the poor, no money was received from any public source.

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[6] The health supervision of the New England Home for Little Wanderers was not studied by Doctor Evans.

[7] The foregoing account was furnished by Cheney C. Jones, superintendent of the society.

Field of work.

The New England Home for Little Wanderers occupied a unique position in the field of child care because of the peculiar conditions under which it was chartered to work. Chartered to operate over approximately 62,000 square miles in the six New England States, the geographical area was hardly greater than that of some agencies functioning in a single State. The noteworthy fact was that, unlike any other society studied, it had worked under the varying laws of six different States, dealing with local situations arising in all the New England States.

The headquarters and the branches.

The headquarters of the society were at the institution in Boston. Here applications were received and supervision in foster homes was arranged for all children in any part of New England not served by a branch.

Four branches were in active operation on April 1, 1923, one each in Connecticut and Massachusetts and two in Maine. All the branches were working toward the goal of self-support. The central office encouraged local autonomy in matters of policy, but directed general supervision and standardization of treatment. To this end local agents were given preliminary training at the central office.

State of Maine branch.—About 1914 a local committee on child care was organized at Portland, but shortly abandoned its efforts, believing that its work was made unnecessary by the establishment of a State board of charities and correction. It was soon found, however, that need still existed for a private organization, and in May, 1915, the State of Maine Branch was formally opened at Waterville, where it has functioned ever since. For six months its agent was joint agent for the Waterville Associated Charities, helping to organize that society. The branch was organized to serve the whole State; in actual practice it met the needs of a limited area. A good deal of very excellent volunteer service was employed at the State of Maine branch. One such person acted as purchasing agent, buying all clothing for the placed-out children, besides giving regular time to take children to the various physicians, to verify vital statistics, and to interview employers. A number of private societies, some local and others state-wide, were in friendly cooperative relations with the branch though no well-defined plan of division of cases had been worked out.

Aroostock County branch.—This branch, established at Caribou, Me., in October, 1918, was a direct outgrowth of the State of Maine branch activities and came in response to a local demand. Though a wealthy farming district, this section had many social problems, among which illegitimacy was conspicuous. Except for a public-health nurse doing antitubercular work, the county had few social resources, and the agent was forced to do general social work for the countryside. An automobile had been added to the equipment of this county branch shortly before the period of the study resulting in a saving of money and time in comparison with the previous year when long trips were made laboriously by team.

Fairfield County (Conn.) branch.—In October, 1914, a branch was established at Bridgeport, Conn., planned to serve all Fairfield County except the city of Stamford, already covered by its own

children's aid society. The city of Bridgeport, to which a large part of the service of this branch was given, had a financial federation, or community chest, of which the branch was a member and through which it received a substantial part of its support. The other sources of support of the Connecticut branch were beneficiaries, contributors in the county, and a substantial sum from the central office. This branch owned a Ford car.

Berkshire County (Mass.) branch.—The oldest branch, located at Pittsfield, Mass., was established in 1912 and had been active ever since. It originally served a territory covering southern Vermont and the western halves of Massachusetts and Connecticut. During its early years it worked in close cooperation with the Massachusetts Society for the Prevention of Cruelty to Children, one agent serving both societies. This plan proved unsatisfactory, and for several years before the period of the study each society had maintained its distinct organization and offices. As Vermont and Connecticut developed their own local organizations and another society in Massachusetts assumed obligations for part of the field in that State, the work of this branch was gradually restricted to children resident in Berkshire County, where at the time of the study it did a general children's aid and foster-home work. Excellent physical and mental health facilities had been developed in the city of Pittsfield and elsewhere in the county in conjunction with hospitals and physicians. Besides the four branches described above, branches had been maintained in New Hampshire, Vermont, and at Greenfield, Mass., for varying lengths of time, but were withdrawn as local children's societies developed to cover the field.

The institution building.

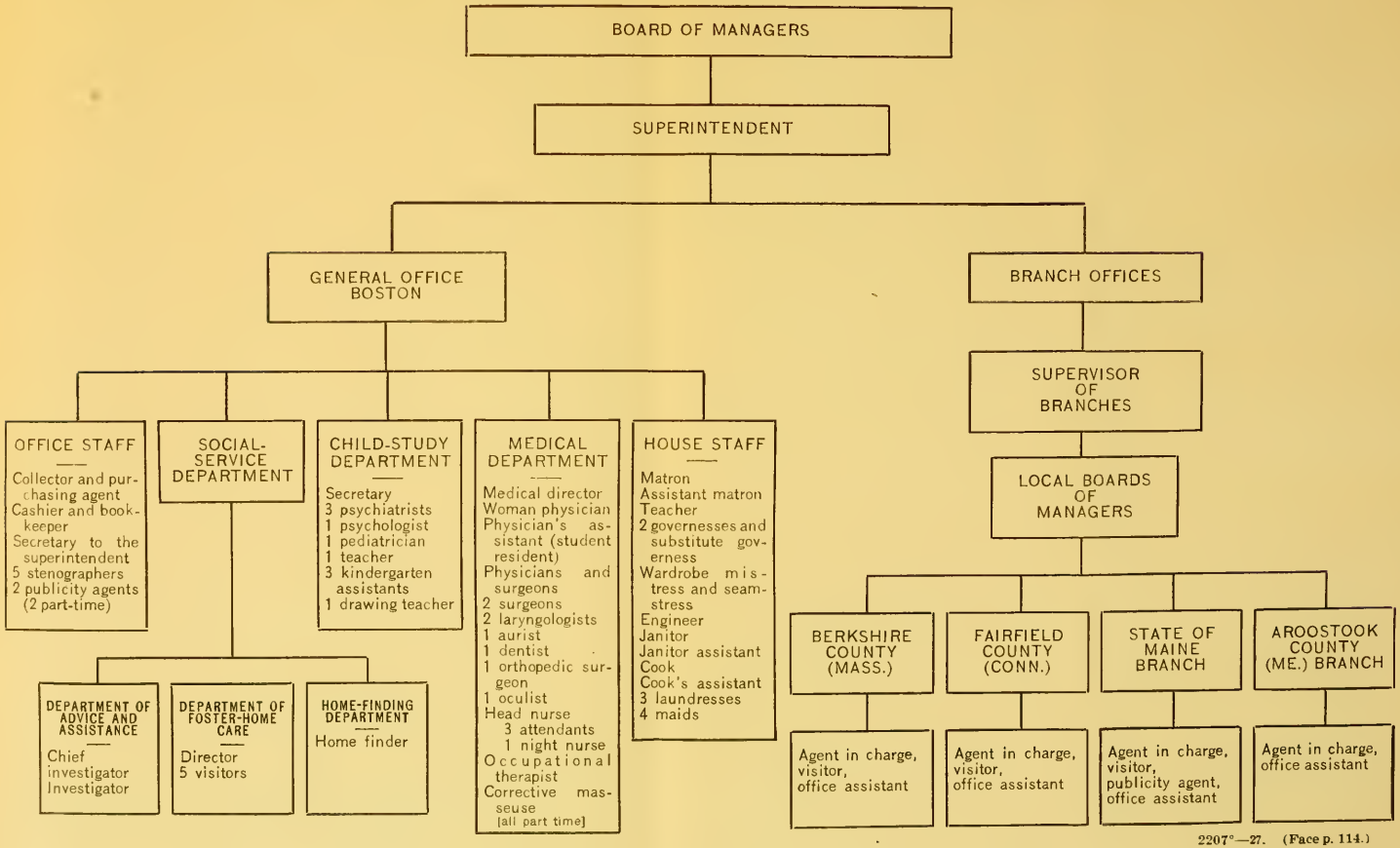
The office and headquarters of the society occupied an attractive, modern, fireproof building located in the outskirts of Boston on the edge of the park system. The institution was equipped to care for 50 children. A well-furnished playground was adjacent and there were several acres of recreation space nearby which made possible close oversight by the governesses detailed to watch the children at their play.

The first floor was devoted mainly to the executive offices of the society for which ample and attractive space was provided. Consideration was given to the comfort of the staff, and to the need for interviewing rooms free from interruption and away from the "machinery" of the office. The superintendent and each of the two investigators and the supervisor of branches had a commodious and, even more important, quiet room in which applicants and callers could feel at ease in the telling of their stories. The schoolroom and kindergarten were on this floor also; the dining room was in the basement.

The second floor was occupied by the dormitories; the boys and girls were housed at either end of the building, with the living quarters of the matrons making an effective division between them. Each group had its own recreation room, well stocked with toys and games and pleasantly furnished with center table, reading lamp, and comfortable chairs. The larger dormitories contained six and nine beds; others provided for two to four children each. Isolation rooms were provided to meet special needs.

ORGANIZATION CHART OF THE NEW ENGLAND HOME FOR LITTLE WANDERERS

[April, 1925]



2207°—27. (Face p. 114.)

On the third floor were the hospital and isolation rooms, where all children were placed in quarantine on arrival, and where they remained until laboratory tests were reported on. A small, well-appointed operating room, a dental room, and a diet kitchen were also conveniently located on this floor, and a glassed-in playroom made an ideal place for ambulatory or bed patients who could be wheeled directly from the hospital room. The hospital itself was made attractive by flowering plants and bowls of gold fish.

The staff of the institution.

The staff of the institution was divided in two main divisions: (1) Physicians, psychologists, nurses, and attendants connected with the hospital; (2) matrons, teachers, and governesses, detailed for oversight of the daily life of the nonhospital children (see p. 114). Every child on admission was assigned to a visitor in the placing-out department, whose duty it was to place him in a foster home when he was ready to leave the institution. Meanwhile, the visitor was expected to keep in close touch with those persons in the institution who were coming in intimate contact with his everyday life, and who could best advise her as to his progress and the time when he would be likely to be ready for a foster home.

The New England Home for Little Wanderers used its institution for all children received through the headquarters office and for problem children referred by the branches. Of the 309 children received 270 (87.3 per cent) went to the institution on reception. Of these 270 children, 28.1 per cent stayed less than one month, and 89.3 per cent were there less than six months.

Methods of care in the institution.

Practically all children received through the central office were examined and studied at the institution before being placed in foster homes (free or for board as the case might be). Of the cases originating in the branches, only problem children—physical or mental—were sent to the institution for diagnostic purposes; the majority were given immediate foster-home care.

The New England Home for Little Wanderers provided an outfit and kept children furnished with clothing suited to the standard of the home and community in which they were placed. Except for a small stock of underclothing maintained at the institution in Boston, all clothing was purchased by the visitor with or for the child, or by the foster mother, as the circumstances might require.

Thirty-eight children were in the institution on April 1, 1923; 27 came through the central office, 6 from branches, and 5 from other societies with headquarters in New Hampshire and Vermont. The 11 last-named children were baffling mental, conduct, or health problems; they had been at the institution from one to five months undergoing scientific study from the physical, social, and mental angles. These children were ultimately to go back to the referring sources, and would carry with them specific recommendations for treatment. The 27 children who came through the central office represented a much wider classification than these 11 children.

The 38 children fell roughly into three main divisions: (1) Mental or conduct, 14; (2) physical, 9; (3) temporary care, 15. The third group contained six infants under 2 years of age, four of whom were

2 months old or less; all were in excellent physical condition. All but one of the infants were of illegitimate birth, and in each case the problem was a social one with the mother, for whom a plan was being made by the social-service department. By special arrangement with the Massachusetts Department of Public Welfare, which ordinarily restricts to two the number of infants permitted in a foster home,[8] a license has been granted to the New England Home for Little Wanderers to care in its institution for a maximum of six babies at any one time. Twenty-one children—more than half the total number in the institution—were from 5 to 12 years old. Eight children—five of them girls—were adolescents, the oldest being a 19-year-old girl with a physical disability not yet diagnosed.

Department of social service.

In addition to the work being carried on in the institution, the New England Home for Little Wanderers was doing a general child-placing work analogous to that of the other children's aid societies operating in Massachusetts. In cooperation with these agencies, this society held itself responsible for cases arising in certain sections of the State (see p. 8). For the other New England States the society covered the territory described under the branch organizations (see pp. 113–114) and accepted such other cases as could be handled through the central office. The aim, however, was to develop local responsibility in the various States and not to assume at the central office anything beyond the diagnostic services of the institution.

The department of social service was maintained at the central office and had three divisions—investigation, home finding, and placing out. Under the direction of a supervisor of training and experience, the investigations were made with a thoroughness which insured careful selection of children eligible for placing-out service or in need of observation and study in the institution. This investigation furnished much of the information needed by the psychologist in her later study of the children who came under her observation. The records showed careful character delineation, not only of the children but of their parents as well, and often of other relatives.

The home-finding division, a more recently developed specialized part of the work, was being conducted efficiently. The standard of homes selected for use already showed improvement under the method whereby one worker concentrated her energy on this pivotal part of the work of placing out.

The supervision of the children in foster homes was in charge of the division of placing out, the standards of which were high. Health, education, recreation, church connection, the attitude of the foster parents to the child in each case, and his adaptability to the home and the community were among the points kept in mind by the visitors.

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[8] "Whoever receives under his care or control, and whoever places under the care or control of another for compensation, an infant under 2 years of age, not related by blood or marriage to the person receiving it, shall, within two days thereafter, give notice thereof, and of the terms upon which such infant was received, to the department [of public welfare], with the name, age, and residence of the infant, its parents, and the persons from whom or by whom received; but if such infant was received from the overseers of the poor of any city or town or from the trustees for children of Boston, or from any charitable institution incorporated in this Commonwealth, such notice may state only the name and age of such infant and the name and location of the board or institution from which it was received." (Mass., Gen. Laws 1921, ch. 119, sec. 6.)

Department of child study.

The child-study department was responsible for all correspondence and investigations connected with out-of-State cases other than those referred to the institution by the branch offices. It accepted the investigation of other societies, requiring as far as practicable that their summaries should follow an outline furnished by the department, covering details of family history, physical condition, characteristics, delinquencies, school record, etc.

Fifty-eight children were received in the institution in the year of the study through this department; 43 came from the following sections of the territory for which the society was chartered: Maine, 2; New Hampshire, 17; Vermont, 16; Massachusetts, 15; Connecticut, 6. The other 15 children were from New York City.[9]

Staff meetings.

Weekly staff meetings, presided over by the superintendent, were held at the institution at which the problems of the children under care were discussed. Reports were received from the nurses, teachers, governesses, and matron as to details of a child's conduct under the various stimuli of school, companionship, and sleep. The reports of the psychologist, psychiatrist, and physicians were presented, and the placing-out visitor gave account of the social contributory factors. After all the evidence concerning a child was in, the discussion was crystallized into a recommendation; and if the child was ready for a foster home it became the responsibility of the social-service department to put the recommendation into effect. The staff meetings had a highly educational value and were conducted in a very professional way.

THE CHILDREN'S AID SOCIETY OF PENNSYLVANIA

History and form of organization.

The Children's Aid Society of Pennsylvania was organized in 1882. For several years before that time the Philadelphia Society for Organizing Charity had realized the need of an agency to place dependent and neglected children in family homes and had discussed the matter in its ward committees. It had done some child placing, but considered that this type of work properly belonged to a separate society. Some of its board members visited New York, Boston, and London, and brought back reports of the work of the child-placing agencies of those cities. The interest thus aroused resulted in the establishment of the Children's Aid Society of Pennsylvania.

When the society was established, the dependent children of the State were being cared for in almshouses.[10] One of its first activities was to work for a law prohibiting the reception and detention of children in almshouses, and providing for their care in "respectable private families," child-caring institutions, or industrial schools or homes. After the passage of such a law in 1883, the society offered its services to the poor-law officials in placing in family homes the children from the almshouses and other children for whom care

[9] See Little Wanderer's Advocate, June, 1923, p. 17.

[10] See The Care of Destitute, Neglected, and Delinquent Children, by Homer Folks, pp. 4, 23–29, 77, 159–162 (The Macmillan Co., New York, 1911); "Child saving," pp. 133–134 (Report of the Committee on Child-Saving Work presented to the Twentieth National Conference of Charities and Correction, 1893).

might be needed. It was agreed that the officials should pay what they considered a reasonable amount for the children's board, but that the society's services of home finding and supervision should be donated. Free foster homes were to be found whenever possible. The State association of directors of the poor indorsed the plan of the children's aid society, and many of the local poor boards took advantage of the offer. The society has ever since continued to work in close touch with the poor-law officials of the State, and is the principal agency through which the city of Philadelphia and many counties of the State provide foster-home care for dependent children.

In the period from 1883 to 1889 about 45 county committees were organized throughout the State in accordance with the original plan of the founders of the society. In 1889 the Children's Aid Society of Western Pennsylvania, with headquarters at Pittsburgh, was organized and incorporated. The committees of the western counties then became affiliated with that society. The county committee in a few counties in the eastern part of the State took out charters and became separate organizations; six such county societies were active at the time of the study.

In 1907 the Children's Aid Society of Pennsylvania entered into an agreement with the Seybert Institution of Philadelphia to finance with that organization a children's bureau in Philadelphia (see p. 126) which would serve as a joint reception and investigation agency for the children's aid society and several child-caring organizations of Philadelphia. This arrangement was continued until 1920, when the children's bureau was reorganized, and the children's aid society established its own reception and investigation department.[11]

The board of directors of the society consisted of 26 men and women, the majority of whom were from the metropolitan area of Philadelphia. The board was elected at the annual meeting and served for one year; it functioned principally through the following committees: Executive, finance, auditing, advice and supervision (a case committee), older boys, older girls, clothing, and a State advisory council.

The field covered.

The Children's Aid Society of Pennsylvania had its headquarters in Philadelphia and covered all of Pennsylvania east of the Allegheny Mountains—a territory including 44 counties with a population of approximately 5,500,000. Pennsylvania had no public child-placing agencies with the exception of poor boards and juvenile courts, many of which placed children in family homes.

Sources of funds.

The society received its funds from the following sources:

(1) Reimbursements from the department of public welfare of the city of Philadelphia, which paid $4.25 a week for each dependent child placed by it in the care of the society; (2) reimbursements from poor-law officials for children received from almshouses; (3) reimbursements from counties for the care of children committed by the juvenile courts (Philadelphia County paid $4.25 a week for each child so committed, and the other counties paid varying amounts);

[11] McCoy, Helen I.: "The Philadelphia plan of a central bureau of inquiry and specialized care." Proceedings of the National Conference of Social Work, 1922, pp. 145–150.

(4) reimbursement from relatives, other individuals, and societies; (5) a lump-sum subsidy from the State; (6) interest on invested funds; (7) contributions from outside Philadelphia (a source of support that was being developed); (8) appropriation from the Welfare Federation of Philadelphia.

Children received and types of placement.

Children from infancy to the age of 16 years were received from all parts of Pennsylvania east of the Allegheny Mountains. Seven counties had local and unaffiliated children's aid societies which cooperated with the State society. On request the State society received children from them for observation and diagnosis. It made no limitations as to sex, race, religion, physical condition, or nationality. The society specialized in long-time placements. Children were received by commitment from the juvenile courts, from the Department of Public Welfare of Philadelphia, and from the directors of the poor of various towns and counties of the State; others were accepted informally from their parents or other individuals and from private societies. Of 1,970 children in the care of the society on December 31, 1922, 1,149 had been committed by the juvenile courts and 507 had been received from poor-law officials; the others had come through private agencies and individuals. The following lists show the types of placement and the types of district used for placement:

Type of placement:	Children under care Dec. 31, 1922
Boarding in private families	988
In private families without payment of board	421
Receiving wages in private families	264
Paying own board	106
With parents and relatives under supervision	57
Boarding in temporary homes awaiting placement	51
In institutions for temporary care	37
In hospitals for treatment	22
Addresses unknown [12]	24
Total	1,970

Type of district:	Number of children
In country districts on rural routes	346
In or near 115 villages having a population of less than 500	202
In or near 18 villages having a population of 500, less than 1,000	203
In or near 55 towns or boroughs having a population of 1,000, less than 4,000	229
In or near 21 towns or boroughs having a population of 4,000, less than 12,000	145
In or near 13 cities having a population of 12,000, less than 50,000	52
In 10 cities having a population of 50,000 or over	615
Children placed in Pennsylvania	1,792
Children placed outside Pennsylvania	42
Total	[12a] 1,834

Division of work.

At the time of the study the work of the society was divided among the following departments: Reception, temporary care and health, home finding, district supervision, older boys, older girls, child study,

[12] Most of these children were from 16 to 21 years of age.
[12a] Includes only children in boarding, free, or wage homes.

county agency, and office management. The assistant secretary had general supervision over the case work of the society.

In the reception department a supervisor, three full-time workers, and a part-time worker investigated applications for child care from Philadelphia. Applications coming from outside Philadelphia were usually referred to a local person for investigation. In a few places the society entered into an arrangement with certain local persons to investigate cases of child need and paid them for the work on a per diem basis. Occasionally investigations were made by the visitors of the department of district supervision. In counties where the society had established county agencies all investigations were made by the executives in charge, known as "county agents." All these investigations, however made, were under the supervision of the reception department. Contact with the families of children in care and investigation of applications for discharge from care were made also by this department.

The society had organized a special department whose duty it was to supervise 36 foster families living in the city of Philadelphia, to whom children were sent as soon as received and where they stayed during their physical and mental examinations and during any introductory health work resulting from these examinations. These homes were primarily for Philadelphia children, but children coming to the city from other parts of the State for health examinations or other purposes were also received there. From $5 to $7 a week was paid for each child's care in these homes, the latter rate being for infants under 2 years of age.

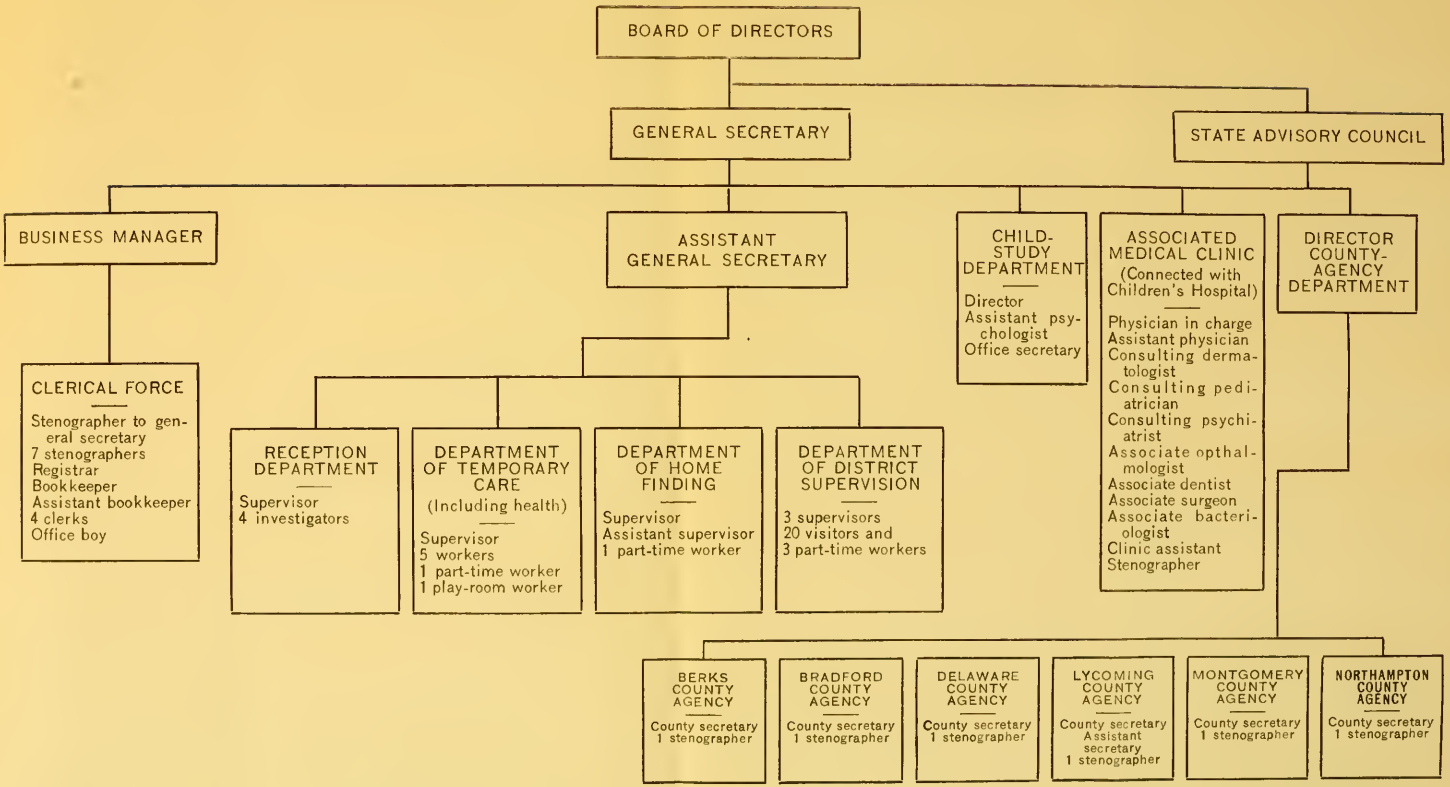
Of 2,146 children under supervision of the society during the period of the study 727 (33.9 per cent) were sent to these special homes as soon as they were received, where they were given special physical and mental supervision. Most of the other children went directly to regular boarding homes; 163 were placed in free homes. Of those going to the special homes 585 (80.5 per cent) left within a month; 15 stayed six months or more, 1 of whom remained between two and three years.

The department of temporary care and health was conducted by a registered nurse assisted by four visitors, a caretaker for children while in the office, and two transfer agents. Children received by the society passed at once to the care of this department, which was responsible for their temporary placement and for health work. With the Children's Bureau of Philadelphia and the Pennsylvania Society to Protect Children from Cruelty, the Children's Aid Society of Pennsylvania was joint supporter of the Philadelphia Associated Medical Clinic.[13] At this clinic thorough physical and dental examinations were made of all children on the day of placement, and recommendations for treatment and a date for the return of each child to the clinic were given by the physicians in charge to the department of temporary care and health. It was then the duty of that department to see that the physician's instructions were carried out. With the aid of a system of checks, the department has given excellent health supervision to the children in its care. It was

[13] For further information regarding the Philadelphia Associated Medical Clinic, see p. 132. See also "Safeguarding the dependent child's physical and mental health," by Horace H. Jenks, M. D., in Foster-Home Care for Dependent Children, pp. 113–134 (U. S. Children's Bureau Publication No. 136, Washington, 1926).

ORGANIZATION CHART OF THE CHILDREN'S AID SOCIETY OF PENNSYLVANIA

[April, 1925]



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responsible also for taking children to the child-study department for psychometric tests, which were given as a matter of routine to all children received who were 5 years of age and over. In addition to the health work, the department of temporary care and health investigated and supervised all the temporary boarding homes used by the society in Philadelphia.

The department of home finding consisted of a supervisor and an assistant, who investigated prospective permanent foster homes in Philadelphia and directed investigations of homes made by district visitors and county agents outside Philadelphia, and a part-time worker. In 1922 the society received 960 applications from prospective foster parents, of which 367 were approved.

The department of district supervision was responsible for the care of all children placed in permanent homes, except for some of the older children supervised by the older boys' and older girls' departments. In December, 1922, this department consisted of 2 supervisors, 17 full-time visitors, and 1 visitor on part time. In addition, the county agents of the society in Lycoming, Bradford, and Lancaster Counties supervised the children placed in their districts. The visitors went from Philadelphia to their respective districts the early part of each week, lived in the districts from three to four days, and returned to the central office on Friday, bringing to the department for temporary care children to be replaced or in need of special care, and to their supervisors the problems encountered during the week. Transportation facilities in the rural districts were provided by the regular employment of local drivers of automobiles, whose time and cars were placed at the disposal of the visitors.

Of 83 unrelated children under the supervision of one of the society's visitors 33 were in individual homes, 28 homes had two unrelated children each, 6 homes had three each, and 16 homes had four each.

The departments for older boys and older girls were supervised directly by the assistant secretary. They did intensive work with older children placed in or near Philadelphia, many of whom were problem cases. In the older boys' department the visitors were men—two on full time and one on part time. In the older girls' department there were two women visitors. In these departments, the almost daily contact with some of the problem children of adolescent age was bringing excellent results.

At the time of the study the Pennsylvania Children's Aid Society and the Children's Bureau of Philadelphia jointly financed a child-study department headed by a psychologist who was assisted by social workers qualified by training and experience. The Pennsylvania Children's Aid Society had completed arrangements whereby all children (including babies) received were given a routine mental examination through this department. It was planning also a gradual study of all children in care who had given any evidence of being conduct problems. In addition to the routine psychometric testing, which consisted of thorough examinations by means of various standard mental tests, further personality study was made of the children who showed special idiosyncrasies, a psychiatrist being consulted whenever there were neurological symptoms in evidence. Visitors

and foster mothers consulted freely with members of the child-study department and received concrete suggestions as to the mental hygiene needed by their charges.

Weekly conferences at which problem cases were discussed were attended by the psychologist, supervisors, and visitors, and expressions of appreciation of the practical help which this department rendered were received from the social workers whose children were objects of its care.[14]

Three hundred and forty-two children were examined by the child-study department during 1921, of whom 14 were under school age and 40 were 16 years or over. They were referred by 18 agencies including the Children's Aid Society of Pennsylvania and the Children's Bureau of Philadelphia.

The development of county agencies.

In 1919 a committee (the State advisory council), which had been appointed to develop local participation in the work of the society outside Philadelphia, called a conference on county work for children in eastern and central Pennsylvania. This conference resulted in the formation of a State advisory council as an auxiliary of the board of directors of the Children's Aid Society of Pennsylvania. The council was composed of residents of the counties, whose duties were to assist in work for homeless and neglected children in their own counties and to bring together the needs of these children and the services of the children's aid society. A county-agency department of the Children's Aid Society of Pennsylvania, with a field supervisor in charge, was established to organize and to develop county committees and to supervise branch offices throughout eastern Pennsylvania. These branches were known as county agencies and the executives as county agents.

The duties of the supervisor of the county-agency department were to study different communities; to organize county agencies, not after one pattern but according to the needs and resources of each community; to appoint the county agents, subject to the approval of the county committees; to develop local interest and financial support; and to direct and standardize the work of the agencies. The general plan was for the county agents to cooperate closely with the poor-law officials in their work for dependent and neglected children, acting in some cases as their assistants, and thus to bring to the local public care of children the services of trained social workers. It was intended to establish in each agency resources for care in boarding homes for children not to be permanently separated from their parents, and to centralize all adoption work through the Philadelphia office. The main office also offered specialized services, such as expert medical diagnosis and treatment and psychological study to communities without such resources.

At the time of the study three county agencies had been established, and plans were on foot to organize agencies in several other counties.[15]

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[14] Since the completion of the study, the child-study department has become a department of the Pennsylvania Children's Aid Society, although the Children's Bureau of Philadelphia continues to assist in its support.

[15] Since the study branch offices have been established also in Berks, Delaware, Montgomery, and Northampton Counties.

Lycoming County committee.—In Lycoming County a former affiliated county children's aid society was revived as the new Lycoming County committee of the Children's Aid Society of Pennsylvania. At the request of the local committee, the county furnished the agency with an office, light, and heat at Williamsport, the county seat. The other expenses of the agency were to be divided between the Philadelphia office and the local committee. The local committee obtained the needed funds from the Williamsport community chest, and an agent was placed in the field in March, 1922. Her duties were: (1) The investigation for poor-law officials and others of complaints regarding neglected and dependent children in Lycoming County, and when possible the making of plans other than placement for these children; (2) the reinvestigation of the families of children from Lycoming County who had been placed by the Children's Aid Society of Pennsylvania; (3) the development of a group of boarding homes for the temporary care of children not to be permanently separated from their families; (4) investigation for the Philadelphia office of prospective foster homes in Lycoming and three neighboring counties, and supervision of the wards of the society placed in these counties.

The need for a local worker was shown by the number of requests for service which were made almost immediately. In three months an office assistant was added to the staff. At the time of this study (when the agency was nine months old) the agent was working with over 50 cases and was supervising 33 children in foster homes.

Bradford County committee.—In Bradford County the county commissioners acting as directors of the poor accepted the offer of the Children's Aid Society of Pennsylvania to pay half the expenses of a local agency for a year. An agent began work in the county in July, 1922, and reported monthly to a committee composed of the three county commissioners and three representatives of a local committee of the children's aid society. The agent's first duty was to investigate the cases of children in a small institution known as the Browning Home, in which the dependent boys and girls of the county were being supported. As a result of her efforts the population of the home was reduced in five months from 60 children (both boys and girls) to 17 boys; 16 children were returned to relatives, 9 were placed in free homes, and others were boarded in foster homes at the same rate of board which had been paid for them in the institution. In addition, the agent investigated new cases for the poor-law officials, and investigated homes and made supervisory visits to children for the Philadelphia office.

Lancaster County committee.—In Lancaster County the work developed along somewhat different lines. Two workers reported to a Lancaster County committee, but the agents' salaries and expenses were met by the central office. The directors of the poor of the county delegated one of the agents of the children's aid society as their assistant in investigating cases of dependent children in the city of Lancaster. The actual expenses for board and clothing of the children in care were paid by the public officials, and the Lancaster County committee supplied scholarships and recreational facilities and met other needs for which public funds could not be used.

Clothing.

The clothing committee of the board of directors of the Pennsylvania Children's Aid Society bought clothing at wholesale, having found it more economical than the former method of purchasing materials, cutting and making undergarments for the children. A seamstress was employed by the society at the time of the study whose duty it was to mend garments and keep the clothing room connected with the main offices in order. In boarding foster homes the caretakers or foster mothers were often allowed to buy clothing for which they were reimbursed by the office. Children going to foster homes were given a good outfit of new clothing.

Health supervision.

Routine physical and mental examinations were given to all children upon reception by the Children's Aid Society of Pennsylvania. (See p. 186.) Children in permanent placements received health supervision by the visitors of the society upon their visits to the children in foster homes, at least every three months. Any health or behavior problems arising among children in permanent care were discussed at a weekly supervisors' conference, and problems requiring special attention were referred to the medical department.

Records.—The medical record of each child in care gave in chronological order the reports of physical and mental examinations, together with corrections made and treatment given. The health record of a child after placement was recorded only on the visitor's reports or in letters from the foster mother. The family history was entered on the medical record.

Health standards for foster homes.—Country homes were used as often as possible for the placement of children. In investigating a foster home before accepting it for placement of children the visitor inspected in accordance with an outlined system the grounds, barns, drainage, water supply, the interior of the house, with the arrangement of rooms—particularly sleeping rooms—and their cleanliness and tidiness.

The family physician of the foster family was interviewed about their health in writing unless it was felt that a special indication of a health problem required a personal interview. Foster mothers were instructed in the care of children by the visitors who based their instructions on the report from the medical clinic. Most of the visitors had had courses in health work and hygiene. Special rates were paid in homes where children requiring extra milk or special feeding were placed, or for children requiring unusual care or attention.

Corrective work and special treatment.—The medical department received all recommendations for corrections of defects and special treatment from the associated medical clinic and was responsible for seeing that such work was carried out. Outside Philadelphia the visitor in charge of a child was responsible for seeing that necessary treatment, except in emergencies, was received and for transporting a child to a clinic or dispensary. The clinic dentist did all dental work for children in temporary care and for any children under permanent placement who could be brought conveniently to the clinic. Otherwise such work was done by a local dentist. Eye work was done at the clinic. Tuberculous babies were sent to the Children's Hospital; older children with tuberculosis were referred

to the State dispensary for diagnosis and for admission to the State sanatorium. If a child was not accepted at a State sanatorium he was placed in the country with special directions from the medical clinic about diet and hours of rest, and a report of his condition was sent to the clinic at stated intervals. Undernourished children were also placed in the country with abundant diet and rest. Children with gonorrheal infection were sent to the Philadelphia General Hosiptal; children under 12 years of age showing a positive Wassermann reaction were sent to the Children's Hospital for appropriate treatments and older children to the Polyclinic Hospital. A few children with these diseases were placed in homes outside Philadelphia and received treatment at local hospitals. Orthopedic cases were referred to the orthopedic surgeon of the Children's Hospital or to the surgical consultant of the society, and the necessary operations were performed or braces applied. Neurological cases were referred to the consulting psychiatrist of the society. Minor surgical corrections, such as tonsil and adenoid operations or circumcisions, were performed at any of the first-class hospitals. Blood counts, urinalysis, vaginal smears, and Wassermann blood tests were made by the pathologist at the clinic; diphtheria cultures were made by the board of health.

Foster parents were supposed to provide medical care for children ill in foster homes, but they could always consult the society which would send a physician. The clinic physician visited children ill in free, boarding, or temporary homes. In placements outside Philadelphia the visitors made use of local physicians as far as possible. Nurses from the Visiting Nurse Association in Philadelphia visited children ill in foster homes in Philadelphia and children discharged from hospitals after operations.

Cost of health work.—The Children's Aid Society of Pennsylvania contributed $8,000 a year to the support of the associated medical clinic. In addition the society paid for all medical treatment of children outside Philadelphia.

The training of new workers.

The training of new workers was a regular part of the program of the Children's Aid Society of Pennsylvania, as all the new workers and many others who wished to attend belonged to a class which was taught by the assistant secretary. This class, consisting of 16 workers at the time of the study, met 1½ hours each week and studied the history and organization of the society and methods of case work, with special reference to work for dependent and neglected children. The course was planned in consultation with the Pennsylvania School for Social and Health Work, and those taking the course received credit at the school. The course had proved an effective means of educating new members of the staff and was to be continued another year.[16]

Growth of the work.

The statistics of the Children's Aid Society of Pennsylvania for the 10 years preceding the study showed a significant decrease in the number of children received into care, and an increase in the number of visits made in behalf of children. Although the society had not

[16] In September, 1923, a worker employed jointly by the children's aid society and the school gave a course at the school, and supervised the students doing field work with the children's aid society.

artificially limited its intake, better methods of investigation involving plans other than placement for many children reduced to almost half the number of annual admissions of children to the care of the society. During the same period the number of visits in behalf of children had been more than tripled. This improvement in the quality of the service rendered, in keeping with advancing standards of child care, together with increased medical and psychological facilities for intensive child study and the extension of the county-agency system, indicated that the society was entering upon a period of even greater usefulness in its work for the dependent and neglected children in Pennsylvania.

THE CHILDREN'S BUREAU OF PHILADELPHIA

History and development.

The Children's Bureau of Philadelphia was organized in 1907, largely as the result of a survey of children's work in Philadelphia made under the direction of the Seybert Institution. As a result of this inquiry the Seybert Institution for Boys and Girls and the Children's Aid Society of Pennsylvania decided to organize a children's bureau which would act as a joint reception and case-investigating agency for these two organizations in particular and for any other children's agencies in Philadelphia which desired to avail themselves of the bureau's services. The bureau was to seek to be a center of information about methods of work and functions of all the child-caring agencies in the city, and to have such information available for immediate use for anyone applying for it.

During the first 18 months of the bureau's history its entire operating expenses were met by the Seybert Institution. At the end of that period the Pennsylvania Society to Protect Children from Cruelty became an important supporting member of the bureau, and until June 30, 1920, made definite and considerable financial contributions toward the bureau's budget. Throughout most of this period the Children's Aid Society of Pennsylvania and the Seybert Institution each contributed five-twelfths of the bureau's income, the society for the prevention of cruelty to children contributing two-twelfths. Gradually new institution and agency members were added to the bureau board. Their payments were purely nominal, however, being approximately $10 a year for each, although they all availed themselves freely of the bureau's services.

All children received by the children's aid society from the county of Philadelphia, beginning with the organization of the bureau in 1907 and up to January 1, 1919, passed through the hands of the bureau. From January, 1919, the society started receiving an increasing number of children without the use of the bureau's services, these children coming chiefly from the juvenile court and the department of public welfare. The service of the children's bureau to the Pennsylvania Society to Protect Children from Cruelty was expressed entirely through use of the bureau for the placement of children committed to that society in the course of its work. The society to protect children from cruelty had conducted formerly an extensive placing department, which according to the terms of agreement with the children's bureau and the children's aid society it was gradually to abolish.

The types of case referred to the children's bureau included children who were delinquency and conduct problems, children in need of temporary care because of the illness or other incapacity on the part of their parents, and children in need of semiconvalescent care. A considerable number of applications involved care for unmarried mothers and their babies, the services required including placement and supervision in families as well as reception work. At the end of the first year of the bureau's activities it became evident that special temporary-care facilities were needed by the bureau for children passing through its hands. Emergency problems had been referred which called for inquiry as well as immediate medical and other care before any definite plan in the way of long-time care could be worked out. This temporary care was developed by the use of individual family homes in Philadelphia, the number of such homes and the number of children cared for in them gradually increasing until by 1915 the bureau was maintaining in its own families an average of 100 children. The major portion of the cost for the care given in these temporary family homes was met by the Seybert Institution.

The bureau from the very start laid the foundations for thorough medical examination and treatment for all children passing through its hands, although its organization along medical lines was very simple and limited at the beginning. In 1917 the relations between the children's bureau and its chief supporting agencies underwent some reorganization, with the result that the whole task of providing medical examinations and treatment and temporary care for children passing through the bureau was taken over by the Seybert Institution, which in that year assumed charge of the temporary shelter and the foster-family homes which had formerly been used by the bureau.

This plan continued until June 30, 1920, when the bureau was completely reorganized. At that time the Children's Aid Society of Pennsylvania and the Pennsylvania Society to Protect Children from Cruelty both withdrew as supporting members of the bureau and assumed the responsibility for providing temporary shelter for all children coming into their care. It was felt that an organization as large as the children's aid society would be much better served if it were to maintain its own reception case-work department rather than to follow the old plan of having these inquiries made by the bureau and then passed over at different stages to the children's aid society. It was also agreed that the wards of the children's aid society suffered great losses under the old plan, as the contacts between the visitors of the children's aid society and the children they had in care were being broken constantly during the periods that the children were in the care of another organization over which the children's aid had no responsibility or control. It was likewise agreed that the cause of children's work in Philadelphia would be better served if a number of the important children's agencies were to specialize in the types of children to be cared for; that so far as possible each agency should maintain a high-grade reception-work department of its own, thus putting the task of educating the community upon the shoulders of a great many workers and agencies rather than concentrating it upon a few central organizations. The

original scheme in organizing the bureau was that it should become the reception agency for practically all of the children's societies in Philadelphia; but it had been found that this involved too impersonal and too large-scale a method for obtaining the best results.

With the reorganization of the bureau in 1920, the Seybert Institution[17] decided to use the bureau as its agent in the performance of all its work and with this understanding paid to the bureau in that year a total of approximately $70,000. The bureau as a special service to the Seybert Institution created a placing-out department which was to care for babies, unmarried mothers and their babies, children in need of temporary care and not suitable for institutional treatment, and also children presenting special conduct problems. Through its reception department the bureau was to continue acting as the case-work agency for as many institutions as desired its services. The reception department was to serve also as a general case-investigating agency for non-Jewish and non-Catholic applications for the community at large. The program of work as outlined involved a greater volume of work than could be handled completely by the bureau under its limited resources, so that careful limiting of work from time to time has been necessary.

One of the chief objects of the bureau as reorganized was to cooperate with other agencies in demonstrating the importance of careful reception case work, and the significance of adequate foster care for children thought to be suitable for placement in families. The necessity for preserving family ties needed constant emphasizing, and cordial agreement was had with the bureau proposition that a fundamental way to build up greater protection of family life was to reveal the costs involved in adequate foster care.

The board of directors of the children's bureau originally consisted of two members from the board of directors and the executive of each member agency. On July 1, 1920, this plan was abolished. The bureau from that time on operated under its own board, without any basis of agency representation. Although the Seybert Institution contributed more than half the total income of the bureau it did not have a majority membership on the reorganized board. The salary of the executive of the children's bureau was paid in full by the Seybert Institution, the bureau executive also being the executive director of the institution.[18]

Sources of funds.

At the time of this study, the Children's Bureau of Philadelphia obtained its funds from the following sources: (1) The Seybert Institution; (2) reimbursement for care of children from the city and county of Philadelphia—the city department of public welfare paid $4.25 a week for the care of every child whom it placed with the bureau, and the county of Philadelphia paid at the same rate for children committed by the juvenile court; (3) reimbursement from relatives of children (on December 15, 1922, of the 142 children

[17] The Seybert Institution, one of the chief supporting members of the bureau, began its work in 1906 under the will of the late Henry Seybert, providing for the creation of an institution for the care of needy boys and girls. The trustees had large powers in developing institutional plans, so that they had the proper authority to close the institution in 1917 because of the great amount of care which was available for children through other institutional agencies.

[18] The section on history and development was written by J. Prentice Murphy, secretary, the Children's Bureau of Philadelphia.

cared for in boarding homes, 54 were being partially supported by their parents); (4) reimbursement from private agencies for services rendered in investigating applications for admission to various institutions; and (5) appropriations from the Welfare Federation of Philadelphia.

Division of work.

In December, 1922, the work of the bureau was divided between a reception department and a placing department. In addition, a statistician was employed to study the intake and the underlying causes of dependency of the children coming into the care of the bureau.

Reception department.—The reception department consisted of a chief, an application secretary, and six case workers. The following table, prepared by the chief, shows the work of the department for the year 1922. It will be noticed that out of 1,378 children for whom application for care was made, only 273—less than one-fifth—were accepted either for institutional or foster-home care. The children's bureau definitely limited its intake to from 150 to 160 children in care at any one time, but its policy was to refer to other agencies the children not accepted or to work out some other plan of care. The thorough investigations of the reception department prevented the unnecessary breaking of family ties and kept many children with their own relatives who might otherwise have become the charges of child-caring agencies:

Work of the reception department of the Children's Bureau of Philadelphia for the year January 1, 1922, to December 31, 1922

Applications	Unmarried mothers	Children	Families
Total received	119	1,378	[1] 1,023
Applications to children's bureau	119	1,105	826
Applications to institutions		273	197
Total acted upon			[1] 1,041
Applications advised, referred, or withdrawn from office without field investigation			426
Applications investigated and adjusted without placement			427
Care assumed by:			
Relatives other than parents		25	
Other social agencies		109	
Advice given		164	
Withdrawn during course of investigation		192	
Applications accepted for placement by children's bureau		153	111
Applications accepted for institutional care		120	77

[1] The difference of 18 in the two totals is due to cases pending adjustment on January 1, 1922, and not counted as new cases.

Placing department.—The work of the placing department was divided between home finding and home supervision. The whole department was in charge of a chief, who had under her two home finders, four case-work visitors (two of whom were registered nurses), and one part-time negro visitor for negro children, devoting part of her time to supervision of children in foster homes and part to reception investigations, and two transfer assistants (one of whom was working on part time). The nurses were assigned to baby

cases; the transfer assistants were used in the transporting of infants and other very young children to their foster homes and to the clinics. Older children were always accompanied to their homes by one of the visitors. In addition to supervision of children in care, the visitors kept in touch with the children's families, referring cases requiring family rehabilitation to the Philadelphia Society for Organizing Charity and other family agencies. It was also the policy to visit the children after they had been returned by the bureau to their own homes, for in this way the gains made to the children while in foster care were more easily protected.

Children received and types of placement.

The children's bureau specialized in temporary care, especially of infants and children presenting health and conduct problems; it also worked with a few unmarried mothers and planned to expand this work as its budget increased. The type of health and conduct problems accepted were of children for whom the outlook was favorable for a cure or a satisfactory adjustment within a period of two years. Most of the children were received informally from their parents, though the bureau also accepted children by commitment from the juvenile court and without court commitment from the city department of public welfare. The intake of the bureau was not limited as to age, sex, religion, or race, but as a matter of fact the children received were for the most part Protestant and under adolescent age. Of unrelated children boarded by the bureau, 47 were in individual homes, 34 groups of two children, 18 groups of three, 12 groups of four, and 15 groups of five children were in homes. The following list shows the children in care of the bureau on December 31, 1922, by type of problem presented and placement:

	Children under care Dec. 31, 1922	
Types of problems presented:		
Children received for temporary care (no other special problem involved)		23
Babies		64
Conduct problems		33
Health problems		14
Unmarried mothers		2
Other children		23
Superior	6	
Children of unmarried mothers (not babies)	6	
Children received for adoption	3	
Normal children placed prior to October, 1920	8	
Total		159
Types of placements:		
Boarding homes		142
Free homes		7
Prospective adoption homes		4
Wage homes		3
Wage boarding homes		1
Hospitals		2
Total		159

No receiving or subsidized boarding home was used by the bureau, and an effort was made to place the children at once where they would remain while under care. All the homes used by the bureau were within a radius of 50 miles of Philadelphia, and the great ma-

jority were within the metropolitan area. The bureau spared no pains to find the home suited to the needs of each child, and a searching investigation was made before any home was accepted for use. The investigation of boarding homes was made in the same manner as that of free and adoption homes. Independent references as well as those given by the applicants were always interviewed, and a careful study of the personalities of the members of the foster family was made. The home finders were instructed to talk over with the prospective foster parents the matter of discipline, recreation, and sex instruction, and no women were accepted as foster mothers for children above the baby age who were unwilling to give sex instruction in the home. Each home was evaluated as to its possibilities for meeting special kinds of child need. Before the placement of any child above the baby age, a visitor discussed with the foster mother the personality of the child to be placed and the kind of treatment the bureau thought advisable for the best development of the child. Throughout the placement, the visitor felt it her task so to understand the child's background, early history, and native tendencies that she could interpret his behavior to the foster parents and work out with them the best possible plan.

The price paid for board of normal children was $6 a week in Philadelphia and $5 a week outside the city. Most of the babies were boarded for $7 a week, a rate of $10 being paid often during the first few weeks of care. From $7 to $12 was paid for older children presenting special problems of health or behavior.

Recreation.

The Children's Bureau of Philadelphia held itself responsible for seeing that each child was provided with proper recreational facilities and supplied funds for this purpose where necessary. In addition to connecting the older children with the clubs best suited to their needs, an effort was made to bring all children into touch with natural recreational interests, such as outdoor games, garden plots, picnics, and excursions. One house was made over by a foster parent in order to provide a suitable place where the boys might entertain their friends with games and theatricals. The policy of the bureau to give allowances to all children of adolescent age proved helpful, especially for children with a tendency to steal.

Clothing.

The bureau believed in the use of good clothing purchased to suit each individual child. The older children were taken by their foster mothers or visitors on shopping expeditions, just as a child from a normal home would be taken by his mother. The outfits supplied the babies were unusually dainty and attractive. Special equipment such as cribs, high chairs, and baby carriages were supplied when the outfit of the foster home was insufficient. Most of the special equipment was donated to and refitted by the bureau. In the case of certain older children going into foster homes the bureau likewise furnished part, and occasionally all, of any special equipment needed.

Health supervision.

The Children's Bureau of Philadelphia, in conjunction with the Children's Aid Society of Pennsylvania, and the Society to Protect

Children from Cruelty, organized in the spring of 1920, the associated medical clinic.[19] This clinic, affiliated with the Children's Hospital of Philadelphia, was financed jointly by the three societies, but was used also by certain other agencies in the city. Since July 1, 1920, the major portion of the clinic's expenses had been met by the children's bureau. Through this clinic the cooperating societies were able to obtain for their children thorough, systematic, and effective health supervision. Within the year preceding the study the clinic extended its services to the Philadelphia Society for Organizing Charity; and 1,000 children and adults from that organization had been examined and where necessary treated by the clinic staff.

In many instances children were examined at the clinic while their cases were under investigation by the reception department of the bureau. The knowledge thus gained of their physical condition helped in the forming of proper plans and often made possible the correction of physical defects before placement so that the children were able to adjust themselves more quickly in their new homes. This service was being expanded so that the physical findings in all new cases might be considered at the same time with the social findings.

Physical examination.—All children accepted for care by the bureau were given a routine physical examination at the clinic by the medical director or his assistant. No child was placed without such an examination. Children accepted for institutional placement were examined, and any recommendation made for correction or treatment was carried out before such placement was made. The clinic made a written report on each child to the bureau, and the corrections recommended were handled by the reception department before placement. For corrections made after placement the visitor of the placing department was responsible for seeing that the necessary treatment was received. In case of replacement a child was reexamined at the clinic before going to his new home.

Mental examination.—The Children's Bureau of Philadelphia jointly with the Children's Aid Society of Pennsylvania supported a child-study department,[20] which made psychological studies of children presenting conduct difficulties and recommendations for their treatment. Children needing the advice of a psychiatrist were referred to the consulting psychiatrist of the associated medical clinic. The children's bureau stood out preeminently for its discriminating study of each individual child and of the foster families to which they were intrusted. In the records, as well as in the minds of the workers, each child was not merely a child to be placed, but a distinct personality. Placements based on such knowledge had brought about seeming miracles of improved health and conduct.

Of a group of 90 children examined January 1, 1921, for the Philadelphia Children's Bureau by Jessie Taft, psychologist, the examiner wrote: "Although the cases of this clinic are far from being an un-

[19] See "Safeguarding the dependent child's physical and mental health," by Horace H. Jenks, M. D., director of the Associated Medical Clinic, Philadelphia, in Foster-Home Care for Dependent Children, pp. 113–134 (U. S. Children's Bureau Publication No. 136, Washington, 1926).

[20] In January, 1923, the child-study department became an integral part of the Children's Aid Society of Pennsylvania, though the Children's Bureau of Philadelphia continued to contribute to its support.

selected group, yet there is some significance in the fact that out of 90 children referred for various reasons, with only 14 suspected of mental defect, 45 per cent are of such inferior intelligence as to require special consideration on that account, and 30 per cent are probably too defective to get along in the world without continuous supervision."

Mental examinations were not routine with the bureau. At the time of the study children received presenting problems of behavior, showing retardation in school, children of psychopathic or feebleminded parents, a few children of exceptional ability, children received for adoption, and those for whom mental tests were recommended by the clinic were sent to the child-study department for mental examination. It was being planned at that time to have a routine psychometric test made by the child-study department of all children over 5 years of age received by the bureau.

Records.—The health record of each child was incorporated in the case history in chronological order. Reports from the medical clinic were copied into the record. Reports from the child-study department and the psychiatric clinic were noted on the record and filed with the correspondence in each case. For babies the nurses kept a special weight and record sheet which was copied into the record.

Health standards for foster homes.—In an investigation of foster homes for use by the bureau the health of the foster family was stressed; the family physician and other references were interviewed. The nervous stability of the foster mother and the physical condition of her own children were given much weight. Any hospital record in a family was obtained through the social-service exchange. Recent illnesses and cause of death in a family were studied, and homes had been rejected because of recent illness or death from tuberculosis. A separate bed was required for each child, the bureau furnishing a bed if the home did not have a sufficient number. Placement recommendations from the medical clinic were followed very closely, and health problems were given careful consideration in all placements.

Foster mothers were instructed by the nurses in the care of infants. A slip giving the milk formula and a weight chart with printed directions on the back for the care of infants and young children were given to the foster mother. The visitors gave instruction for the care of older children, and printed diet slips were given the foster mother where special diets were needed. Whenever possible the foster mother went to the clinic to talk with the physician and to discuss the health problems of the children. Because of the very special health problem handled by the children's bureau the foster mothers had to be of an exceptionally intelligent and responsible type, and a high rate of board had to be paid in many instances. The bureau had four special homes—two for white children and two for negro children—in which the foster mothers gave special nursing attention to their charges. One semihospital home for white children was in charge of a trained nurse, and one home for negro children was in charge of a practical nurse. Three of these homes were visited at the time of the study. Five children under 2 years of age were being cared for in one of the homes for white children. In one home for negro children four girls under 2½ years of age were placed (one a baby of 8 months); in the other home for negro children five children were placed, one an infant of 6 weeks showing marked malnutrition. The

children in the three homes were well cared for, the foster mothers were intelligent and interested, and the homes were in good condition. Three homes for emergency placement were visited also—two for white children and one for negroes. The children in these homes appeared to be well cared for.

Corrective work and special treatment.—Medical attendance was supplied by the bureau through the associated medical clinic. The transfer agents took the babies and young children to and from the clinic and the visitors took the older children. The nurses were not responsible for any transportation. Dental, eye, and laboratory work, including tests of urine, Wassermann blood tests, smears, etc., were made by the specialists at the clinic. For minor surgical treatment the children were placed in any of the first-class hospitals in Philadelphia, the visitor being responsible for their entrance. As a rule, the most convenient hospital to the child's residence was used or the one in which entrance could be obtained the soonest.

All foster mothers were instructed to call the bureau in case of sickness in the home; in emergencies she was to call the nearest physician, the bureau paying for such medical service.

Children with inactive gonorrheal infection not requiring hospital care were placed in foster homes, with instructions given for their treatment. Children showing positive Wassermann reactions without open lesions were placed in foster homes and were sent to a dispensary or to the office of one of the staff consultants for treatment. All orthopedic cases not requiring hospital care were placed in special foster homes and sent for treatment to a dispensary or hospital. Serious contagious diseases were sent to the municipal hospital; cases of chicken pox, mumps, or uncomplicated measles were cared for in the foster homes.

All children were returned to the clinic for reexamination whenever necessary.

Infant care.—The Children's Bureau of Philadelphia had developed a very intensive and thorough system of infant care. In accordance with the rule for all children, babies were examined, weighed, and measured at the associated medical clinic on the day of placement, and a feeding formula was made out by the physician in charge and sent with the child to the foster mother. All babies were seen in the boarding homes by the registered nurses of the staff at least every two weeks, and delicate babies as often as necessary. The nurses advised with the foster mothers, weighed the babies, and plotted their gains or losses on a weight chart. Once every week the chief of the placing department and the nurses held a conference with the director of the clinic, who went over the chart of each baby, suggested a change of formula where necessary, and advised whether or not the child should be brought to the clinic. In this way the health of the babies was carefully guarded without the exposure which is inevitable in taking them constantly to and from a clinic. It was a matter of pride to the bureau and the foster mother when a baby had reached the age of 2 years without having to be returned to the clinic. The assistant medical director spent half of her time visiting children in foster homes and in special cases the director would visit a child in his foster home.

Cost of health work.—Over 13 per cent of the budget of the children's bureau was spent in the maintenance of the associated medical clinic and the child-study department (the 1923 budget contained an item of $10,600 for the clinic and one of $2,980 for the child-study department). In addition, milk and extra foods where needed were provided for children in foster homes, emergency medical service was paid for, and two trained nurses were employed by the bureau to visit and supervise infants and children presenting health problems in their foster homes. The high cost of such work, however, was felt to be justified by the bureau as shown in the results obtained through the methods of care in use.

Cooperation with Children's Aid Society of Pennsylvania.

An excellent piece of cooperation in infant care had been developed between the bureau and the Children's Aid Society of Pennsylvania. The bureau supervised the babies placed in foster homes in Philadelphia by the children's aid society, and the children's aid society received from the children's bureau babies who had successfully passed beyond the difficult feeding stage and were ready for permanent placement. The bureau also turned over to the children's aid society some older children for whom permanent care was needed. Since September 1, 1922, all foundlings formerly placed by the children's aid society had been given to the care of the children's bureau by the Philadelphia Department of Public Welfare.

Discharges.

Since the Philadelphia Children's Bureau specialized in temporary care for children, most of the children received were eventually returned to their families. After their return the visitors made the necessary visits to the home to assure themselves that all was going well and to assist in the readjustment. Only in very exceptional cases were children given in adoption. The policy of the bureau was to keep children for their parents where this was at all possible. The following list shows how large was the turnover of the bureau during the year 1922, and the disposition made of the children discharged from care:

Children in care

	Number
Children in care during 1922:	
In care Jan. 1, 1922	114
Received during year	153
Total	267
Children discharged during 1922:	
Returned to relatives	74
Transferred to other societies	17
Transferred to institutions or hospitals	9
Adopted	1
Died	7
Total	108
Children in care Dec. 31, 1922	159

THE CHILDREN'S HOME SOCIETY OF FLORIDA [21]

History and form of organization.

The Children's Home Society of Florida was incorporated in 1902 and in that year began its work of placing "homeless children in childless homes." The society at first was chiefly concerned with placing babies and other small children in foster homes for adoption. In 1909 a receiving home was opened in Jacksonville, to which needy children were brought from all parts of Florida. After a period of temporary care there these children were sent to permanent foster homes.

The society gradually broadened the scope of its work to include service for children not permanently separated from their families. At first, these children were placed with the other wards of the society in the receiving home; but as the work grew, more room was needed, and in 1918 a small institution known as the "children's boarding home" was opened in Jacksonville. This "boarding home" had accommodations for 65 children and cared only for children not permanently separated from their families. Two years later this method of temporary care was abandoned, and since that time the society had used family homes in or near Jacksonville, or its receiving home at Pensacola, for the care of most of its children not received as permanent wards.

In 1920, upon the invitation of the board of directors of the Pearl Egan Home, a small institution for children at Pensacola, the society agreed to take over its management for a trial period of three years. The home was remodeled and its name changed to the West Florida Receiving Home. In connection with this expansion of the work, a branch office with an executive in charge was established at Pensacola, as headquarters for the work in the nine counties of West Florida. In September, 1922, this branch office was closed. Thereafter the work was carried on from the Jacksonville office, though the receiving home at Pensacola continued to be used for the children from that section of the State.

The board of directors of the Florida Children's Home Society consisted at the time of the study of 40 prominent men from various parts of Florida. Members of the board were elected annually, and any contributor to the society, no matter how small his contribution, was entitled to vote at the annual meeting. The board met at least once every three months. An executive committee of five members, meeting on call, was authorized to act for the board in the interims between its meetings. Upon the establishment of the West Florida branch and receiving home, a local board of directors of 22 men was organized to direct the work of the society in that section.

Early in the history of the children's home society, the board of directors, feeling a need for the help of women in the work, chose 25 women from Jacksonville to serve as a ladies' auxiliary. This auxiliary became a self-perpetuating body. It met as a case committee every two weeks to discuss problem cases of entrance and discharge. It also assisted the matron of the receiving home in the buying of household supplies, visited the wards of the society in hospitals, was interested in the individual children, and was influential in gaining

[21] The health supervision of the Children's Home Society of Florida was not studied by Doctor Evans.

support for the work of the society. West Florida also had its ladies' auxiliary, which served as a case committee for that section of the State, meeting with a visitor sent from Jacksonville. In the absence of the visitor, this auxiliary was empowered to investigate and to receive at the home aid cases, or children received for temporary care, from West Florida. It also gave much personal attention to the management of the West Florida Receiving Home.[21a]

Finance and publicity.

Before 1910 when the present State superintendent began his work with the Florida Children's Home Society, the society obtained its funds through two solicitors who received 40 per cent of all collections. At the suggestion of the new superintendent the board of directors changed the method of raising money from personal solicitation to letters of appeal. During the first year under the new method the number of contributors increased from 155 to over 2,000 and the increase in revenue was so marked that the society has continued to depend for its support upon written appeals. No public money was received by the society except a voluntary annual appropriation of $600 from the board of county commissioners of Polk County and per capita payments from the juvenile court at Jacksonville for the support of children boarded for the court.

At the time of the study the society had acquired a mailing list of 75,000 names,[21b] including the names of 19,275 people who had at some time contributed to the work, and of 4,000 regular subscribers. A system had been worked out of follow-up appeals every few months to those who had not subscribed during the fiscal year, which had resulted in distributing the receipts throughout the year. The bulk of the support came from small contributors; no special appeal was made to potential givers of large amounts.

The letters of appeal served a dual purpose of bringing returns both in money and in foster homes for the children. In the financial reports of the society the money invested for such publicity was classified under the heading, "securing homes for children and funds." Much newspaper publicity was used, and although a large amount of advertising was donated, the society has found it profitable occasionally to pay for newspaper space, sometimes even for a full page in the leading Florida papers. The investment of money in letters of appeal and in newspaper publicity had not only put the society on a firm financial basis and brought in offers of foster homes for the children, but it had been an effective factor in educating the general public in methods and ideals of child care.

The staff.

At the time of the study the office and field staff of the society consisted of the State superintendent, an assistant superintendent, three State visitors, one city visitor for Jacksonville, a bookkeeper, an office secretary and a clerk who together had charge of the mailing lists, and two stenographers; the position of special field representative (see p. 141) was temporarily vacant. The board of direc-

[21a] In 1925 a receiving home and branch office—known as the Southeastern Branch—was established in Miami to serve the children of that rapidly growing section of the State. A local board of directors and a ladies' auxiliary serve in connection with this branch, which is supported largely by the Miami Community Chest. The staff consists of a district superintendent, a field worker, and an office secretary.

[21b] At the present time the society has a mailing list of more than 125,000 names.

tors had voted to obtain the services of a psychologist, who it was expected would soon be added to the staff.[22] The visitors performed a general child-caring work, investigating cases of child need, inspecting prospective foster homes, and supervising placed-out children. The work was not definitely districted, except that the city visitor's duties were confined to Jacksonville and its suburbs and covered mainly the investigation and supervision of boarding homes and health follow-up for children in both the boarding homes and the receiving home. The case work of the visitors was supervised by the assistant superintendent.

At the Jacksonville receiving home a matron, a trained nurse, six assistant matrons, two teachers, a housekeeper, a seamstress, a cook, three maids, two laundresses, one laundryman, and a man who combined the duties of yardman and engineer, were employed.[22a] At the West Florida home the staff consisted of a matron, an assistant matron, a nurse, a housekeeper, a cook, and a laundress.

Receiving homes of the society.

In 1911 the Florida Children's Home Society purchased a two-and-a-half story frame building located in one of the best residential districts of Jacksonville to take the place of a smaller building which for two years had been used as a receiving home. An adjacent cottage was bought in 1918 for a special baby cottage, and a small open-air schoolhouse was built. In 1921 the directors planned to erect a new receiving home, as the buildings in use were inadequate for the growing needs of the society; but fortunately it was found that the two substantial and homelike residences on either side of the receiving home could be purchased at a cost much less than would be required for the erection of a new home. These buildings were purchased in 1922 and have been well equipped. This had given the society an attractive group of five buildings, with facilities for classifying the children by age and sex, and at the same time a homelike atmosphere had been made possible. These five buildings were as follows: (1) Administration building, which also had dining-room capacity for 56 children and attendants seated at small tables, and a dormitory for 19 girls between the ages of 7 and 14; (2) a cottage for babies with 10 beds in two dormitories and a sleeping porch; (3) an infirmary with two wards, one for boys and one for girls, with a total capacity of 11 beds; (4) a school and sleeping accommodations for boys, including 27 beds in four dormitories and two sleeping porches; and (5) a nursery with beds for 26 children of from 2 to 8 years, a dining room, and a diet kitchen. The cottages were adequately and tastefully equipped and were kept in excellent condition.[22b] The Jacksonville receiving home had a capacity for 10 babies under 2 years of age and 72 other children. At the time of the study 67 children were in the home. A two-room school, in session throughout the year, was maintained at the receiving home.

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[22] Since the time of the study the number of State visitors has been increased to six and of city visitors to three. The trained psychologist has been added to the staff, and two assistant bookkeepers, two stenographers, and a trained registrar.

[22a] The society now has 12 assistant matrons, or house mothers, at the receiving home in Jacksonville.

[22b] In 1925 a reception cottage, in which all children received are isolated for two weeks, and a four-room schoolhouse were added. A new site for a receiving home has been purchased, within 10 minutes of the heart of the city, consisting of 12 acres of land, on which a new modern cottage-plan receiving home with special school facilities will be erected.

The West Florida Receiving Home at Pensacola was a two-story frame house with a capacity for 35 children. On January 1, 1923, 26 children, most of whom were " aid cases " from west Florida, were being cared for in this home. The children attended the public school at Pensacola.

All children received by the society as permanent wards were placed in one or the other of these receiving homes until placed for adoption or in free homes. A few exceptions were made for difficult children or those needing special care, these being boarded in family homes. Although the policy was to place all children received for short-time care (known as aid cases) in foster homes a few went to the receiving homes, these being mostly in the district covered by the West Florida home.

Ninety-two per cent of the Florida Children's Home Society's children went to the receiving homes on reception; 24.5 per cent stayed in the homes less than a month and 77.9 per cent less than six months. Exclusive of the investment the per capita cost in the receiving homes was figured as $7.70 a week in 1922 as against $5 (exclusive of supervision) in a boarding home.

Work with families.

In carrying out its policy of conserving the child's own home, the society found itself seriously handicapped by a lack in many places of local resources for work with families. Time and again the society had been called upon to place children in permanent homes, when what was needed were facilities to improve home conditions so that the children could with safety be left with their own relatives. The plan of the society had been to develop under separate auspices local resources for family work, rather than to undertake to do such work itself, but in certain cases a lack of such resources had forced it to step into the breach. The following story illustrates the difficulties of undertaking family work in rural communities from State headquarters:

A judge from a distant part of the State wrote to the children's home society asking that two children be placed for adoption. The visitor of the society who was sent to investigate the case left Jacksonville at 11 o'clock in the morning, traveled 200 miles by train, and was forced to stop overnight at a village 20 miles from her destination, which she finally reached by automobile about noon the next day. There she found Mrs. A, a young mother of 19, and her two small children living with an aged uncle and aunt, whose only means of support was a Government pension of $25 a month. The mother, who was devoted to her children, had written to the judge asking him to use his influence to have her husband pardoned from serving his term at the penitentiary, where he had been sent for stealing a heifer. The judge had immediately referred the case to the children's home society for permanent placement of the children.

After about two hours with the family, the visitor arranged for temporary financial relief and returned to the village where she again had to spend the night. The next day a long train trip took her to the city where Mrs. A's mother lived, but where there was no social agency equipped to make a proper investigation. The grandmother promised help, which she later failed to give; she also disclosed the names of other relatives, and gave valuable information. The visitor then returned to Jacksonville. From there she wrote to the county commissioners explaining the situation and asking for a regular allowance for Mrs. A and to the superintendent of the State penitentiary requesting an interview with the father. No answer was received from the county commissioners, although several other letters were written. In response to a favorable reply from the superintendent of the penitentiary, the visitor made a trip to Talla-

hassee only to find that Mr. A had been transferred to another part of the State. She followed and finally succeeded in seeing him. The journey took two days. A second trip was made to the town where Mrs. A lived, which resulted in persuading some relatives living in the county to give financial assistance; in interesting the civic association of the locality, which promised to provide clothing and a friendly visitor; and in obtaining for the family from the board of county commissioners an allowance of $12 a month. This piece of work, although expensive and tedious, resulted in saving two children for their own family, and in the end was probably less costly in time and money than would have been the permanent care of the children. It is evident, however, that with a limited staff much work of this kind is impossible.

Children received and services rendered.

The Children's Home Society of Florida received white children 17 years of age and under from all parts of Florida without relation to sex, religion, nationality, health, or mentality. Permanent wards were received by commitment from the juvenile courts, and occasionally by parental release. Children accepted for temporary care were usually received informally from their parents.

The society specialized in children suitable for adoption, but by no means limited itself to this type of child. It provided a variety of services for children not accepted as permanent wards, such as temporary care in boarding homes, medical or surgical treatment, legal aid and advice, putting their families in touch with other agencies; in a few cases where local facilities were not available, it did the work of a family-welfare society.

The following lists from the annual report of the society for the year 1922 show the disposition made of children coming to its attention during the year, and the type of placement of children under its care January 1, 1923:

Disposition made of children:	Children received during 1922
Placed in foster homes for permanent care	131
Placed in selected family boarding homes	65
Given temporary relief in receiving homes	90
Sent to special training and industrial schools	23
Sent to special hospitals	10
Given special material relief, legal aid, financial loans	179
Employment obtained	9
Rescued from abuse	2
Referred to relief agencies, juvenile courts, etc	183
Referred to other social agencies, both in and outside the State	163
Referred to family boarding houses	89
Referred to maternity and rescue homes	12
Referred to special training schools	34
Aided in other ways	35
Total	[22c] 1,025

Type of placement:	Children in care on Jan. 1, 1923
In free homes	219
In Jacksonville receiving home	55
In West Florida receiving home	26
In boarding homes	42
In special schools	35
Total	377

The society had been unusually successful in placing together children of the same family. Early in 1923 a special appeal for homes for brothers and sisters resulted within a month in the finding,

[22c] Does not include two children who died in infancy.

investigating, and approving of a free home for four children of one family and prospective adoptive homes for four pairs of children. The society never allowed twins to be separated. Several unrelated children were sometimes placed together in an adoptive home; in boarding homes the rule was to have six or less unrelated children, and the society preferred not to place more than four together.

The society outfitted its children sent to foster homes with an extra suit and a change of underwear. A feature of its care was the provision of a new suitcase for every child sent to a free or adoptive home. When shoes and other clothing that needed to be fitted carefully were needed the children were taken individually to the stores, usually by the special visitor.

Boarding schools for older children.—The society believed that the placing of adolescent boys and girls in boarding schools or institutions for special care was the best solution of the problem of dealing with older children who did not adapt themselves readily to foster-home care. A special appeal for funds for this purpose made it possible in 1922 to provide such care for 57 children. As the facilities in Florida for the kind of training needed were limited, the society sent many of its children to schools and institutions in neighboring States and even to New York and Pennsylvania. On December 31, 1923, 24 children (16 girls and 8 boys) were in such boarding schools and institutions. Of this number 12 were 14 years or over when so placed, 11 were under 14 years of age, and the age of 1 child was not reported. Before going to these schools these boys and girls each spent consecutively, or in several periods, from 13 days to over a year in the receiving homes of the society and from 3 weeks to over a year in free homes. Four of the 12 children over 14 had been in two different schools. The length of their stay was from 17 days for two to 2 years and 10 months for one, the average time in school for the group being a little over 6 months. With the exception of the child whose age was not reported, the other 12 were first sent to boarding schools between the ages of 5 and 13, all but 2 of them being 10 years or over.[23]

Influence of the society on the social-service development of Florida.

The Children's Home Society of Florida had occupied an important position in the social development of the State. It had been an influential factor in obtaining the passage of bills for a State colony for feeble-minded and epileptic, an industrial school for girls, juvenile courts, a revised child labor law, and laws for mothers' aid and compulsory education.

In 1921 a special field representative was employed whose chief duty was to make a survey of the social resources of the State and to organize, where possible, local agencies to do constructive work with families. Her method of approach was to collect information in different communities regarding the families of children who had been referred to the society for care where investigation had shown that what was needed was work for the rehabilitation of the family

[23] Since the study the Florida Children's Home Society has been left a bequest amounting to over $75,000, with the understanding that it should be used to establish a training school in Florida for older boys and girls. Property was bought which when remodeled was to be used for some of the children now attending the boarding schools referred to above.

and not the removal of the children. As a result of the activities of the special field representative several county probation officers were appointed and interest in constructive family work was increased. The work of county organization had been temporarily suspended at the time of the study pending the action of the State legislature in the matter of establishing State and county boards of public welfare.

THE MICHIGAN CHILDREN'S AID SOCIETY

History and form of organization.

The Michigan Children's Aid Society was organized as the Michigan Children's Home Society in 1891 and incorporated in 1893. Early in its history a receiving home was established at St. Joseph, then the headquarters of the organization. As the work grew, children from all over the State were brought to St. Joseph and sent out from there to permanent foster homes. For the first 20 years the work was largely confined to the placement of children in free or in prospective adoption homes, but during the 10 years previous to the study the society had enlarged its activities to include what was known as aid work or services to children not permanently separated from their families. Ten branch offices were established with resources for work with children in their own homes and for temporary care in local boarding homes, so that only children to be permanently removed from their families were sent to State headquarters for placement in free or prospective adoption homes.

How far the emphasis had shifted from the complete separation of a child from his family to preserving the family tie where possible is shown in the following figures: In 1922, the society cared for 769 children known as wards, that is, children permanently separated from their families, and for 833 aid cases, most of whom were in boarding homes. In that same year only 217 of the children received into care were received for permanent placement and 543 were received for temporary care. In addition, 866 investigations were made where the children were not accepted for foster-home care. In many of these cases conditions were so adjusted that the children could be left safely in their own homes.

This change of emphasis was reflected also in the action of the trustees in June, 1921, when the name of the society was changed from the Michigan Children's Home Society to the Michigan Children's Aid Society. In the fall of 1922, headquarters were transferred from St. Joseph to Lansing, a city more centrally located for state-wide work, and where the society could be in direct touch with State officials and organizations.

The history of the Michigan Children's Aid Society shows a continuous development in the number of children helped, in the scope of the work, and in the quality of the service rendered. Although handicapped by financial limitations, the society has been steadily approaching its ideal of bringing to the child of the less-favored community all of the resources of the most highly developed community of the State.

The State board of trustees of the society consisted of 16 members, elected by the contributors of the society, who served for a term of four years. The trustees elected their own officers annually and

met every three months. A small executive committee was empowered to act between the meetings. In localities where branch offices had been established local boards of directors were appointed. The members of these branch boards were originally appointed by the State superintendent of the organization, after which the boards became self-perpetuating. In addition to the State board and the local branch boards, local advisory boards existed in 150 towns and in 15 of the northern counties. These advisory boards referred cases of needy children to the State office and were called upon for advice regarding local conditions.

Development and work of the branch offices.

The Michigan Children's Aid Society had established branch offices in Detroit, Ann Arbor, Grand Rapids, Marquette, Battle Creek, Lansing, Flint, Pontiac, Kalamazoo, and St. Joseph. In most of the branches the unit of organization was the county. Each branch had an executive, appointed by the superintendent of the State organization subject to the approval of a local board of directors. Nearly all the branch executives had clerical assistance, and some of the branches had other case workers.

The history of the establishment of these 10 branches was a lesson in vision, cooperation, and perseverance. No two branches were established in the same way, nor had any two rendered exactly the same service, for they differed as do the needs and resources of each community. The establishment of a branch was always preceded by a careful analysis of the community, its social consciousness, its child-caring resources, and its outstanding needs. Suspicion and even antagonism were met with such a friendly spirit of cooperation, that eventually adjustments were made that led to a more comprehensive plan of child care for the community. Usually the branch was at first carried financially by the State office; even in some of the wealthiest communities the branch continued for years to be partially dependent. At the time of the study nearly all the branches not only were self-supporting but also contributed toward the expense of the State organization.

An account of the establishment and work of the branches is given below.[23a]

The Detroit branch.—The first branch was established in Detroit in 1910. Four years afterwards the Detroit Society for the Prevention of Cruelty to Children and one of the local child-caring institutions combined to form the Detroit Children's Aid Society. The question of adjustment of work between the Detroit branch of the Michigan Children's Home Society and the Detroit Children's Aid Society was amicably and satisfactorily settled in 1918 by an agreement that the positions of general secretary of the Detroit Children's Aid Society and executive of the Detroit branch of the state-wide society should be vested in one person and that a division of work should be made on the basis of the age of the child to be assisted. The Detroit branch of the state-wide society functioned where the oldest child of the family was under 3 years of age, and the Detroit

[23a] For further information see "The work of a state-wide child-placing organization," by Albert H. Stoneman, State superintendent, Michigan Children's Aid Society, in Foster-Home Care for Dependent Children, pp. 70–96 (U. S. Children's Bureau Publication No. 136, Washington, 1926).

Children's Aid Society where the oldest child or the majority of the children of a family were 3 years of age or over. In addition the State organization agreed to place in adoption homes some of the wards of the local society. As a matter of fact, the cooperation between the two societies was so well adjusted that the workers themselves scarcely knew by which society they were employed. Both the Detroit Children's Aid Society and the Detroit branch of the Michigan Children's Aid Society were supported by the Detroit Community Fund. In addition a sum of $5,000 was appropriated from this fund in 1923 for the state-wide work of the Michigan Children's Aid Society, a noteworthy example of the expansion of local community interests to participation in the development of the social resources of less privileged sections of the State.

The Ann Arbor branch.—The second branch was established in Ann Arbor in 1917. The location of the university hospital at Ann Arbor had led to two unusual types of services for this branch. A State law provided that children from any part of Michigan who needed hospital treatment which their parents were financially unable to provide might be committed to the university hospital by the probate courts, the expenses for transportation and hospital care being met by the State. After a period of hospital treatment many of these children needed convalescent care in a private home in the vicinity, so that they might be returned to the hospital frequently for further observation and treatment. To meet this need the Ann Arbor branch of the Michigan Children's Aid Society developed a number of boarding homes where such children were placed under the supervision of the society. The expense of this care was met by the State. In February, 1923, the branch was supervising 22 outpatients of the children's ward, whom it had placed in licensed boarding homes in or near Ann Arbor. Another special service of the Ann Arbor branch was work with infants of illegitimate birth born at the university hospital. Where social adjustments could not be made to keep mother and child together, and where no mental or physical taint was evident, these children were accepted for placement in prospective adoption homes.

The Grand Rapids branch.—The Grand Rapids branch also was established in 1917. Because of the existence in the city of Blodgett Home, a well-equipped institution for children, the need for a local branch of the Michigan Children's Aid Society was not felt generally at first. However, the superintendent of the Michigan Children's Aid Society convinced the community that a Grand Rapids branch was needed to perform four services not undertaken by the local institution, namely, the care of children from the county outside Grand Rapids, care of negro and crippled children, and the provision of a state-wide field for the selection of prospective adoption homes. On these grounds the branch was financed by the Grand Rapids Welfare Union, which worked out an agreement between Blodgett Home and the Grand Rapids branch. By this agreement Blodgett Home was to give temporary care to Grand Rapids children, including foster care in boarding homes; and the Grand Rapids branch was to accept children from the city who were to be permanently placed, and all children from the remainder of the county who needed foster-home care of any kind. In carrying out this agreement, the Grand Rapids branch turned over to Blodgett Home

over 60 licensed boarding homes, and it has used Blodgett Home as a receiving home for most of its wards.

Other branches.—Five of the 10 branches were organized in response to invitations from local organizations—the Girls' Protective Union in Battle Creek, the family-welfare societies in Lansing, Flint, Pontiac, and the Civic Improvement League in Kalamazoo. In some cases the branch functioned as a department of the family-welfare society; in others it had organized its own board of directors and had become entirely separate from the family society, though closely cooperating with it. The Upper Peninsula branch, with headquarters at Marquette, covered 14 counties and did an extensive pioneer work. When State headquarters were moved from St. Joseph to Lansing, a branch office was established at the St. Joseph receiving home to carry on the local work formerly undertaken by the State office.

General work of the branches.—Although the branches differed in their special services and problems, all of them performed four main types of work: (1) Investigation of cases of child need; (2) investigation of prospective boarding, free, and adoption homes; (3) supervision of wards of the society placed in the territory covered by the branch; and (4) so-called aid work in behalf of children not permanently separated from their families. This last service necessitated the development of boarding homes in the locality of the branch office, where children temporarily deprived of their own homes might be cared for near their relatives, thus preserving family ties while the agent endeavored to reestablish the child's home. This important service, preventing the permanent disruption of families, was impossible to render to any considerable degree from a State headquarters.

The branch executives were authorized to accept for foster-home care both permanent wards and children who were to be boarded temporarily, though they often asked the advice of the State office before receiving children for permanent care. Placement of children in prospective adoption homes was made through the State office. This policy not only provided a state-wide field from which to select the foster home best suited to each child, but it insured the removal of the child from his own locality when he was handicapped by his environment and undesirable relatives.

The educational advantage to a community of a local worker and a local board of directors can not be overemphasized. The community is given a demonstration of case-work methods of child care and sees family ties conserved instead of disrupted; the local board of directors becomes a nucleus of informed public opinion, and through the contact with the State office the community becomes interested not only in local problems but in State and national child-welfare movements.

Sources of funds.

The main sources of funds for the state-wide work were: (1) Reimbursement for care of children from relatives or friends, and from the counties that made appropriations for this purpose; (2) contributions from regular members of the society, or in response to letters of appeal; and (3) collections made by two solicitors (these solicitors were paid salaries and did not receive commissions).

At the time of the study the expenses of the branch offices were usually met by local financial federations. The Lansing branch was financed by public funds appropriated by the city and county. A few of the branches were still partly or wholly dependent for support upon the State office. On the other hand, most of them contributed to the main office a certain sum ranging from $5 a month from one branch to $5,000 a year from Detroit. In addition, the branches reimbursed the State office for the board of the children sent to headquarters for permanent care. When, however, a ward from a branch office was placed in a prospective adoption home, the branch paid the State office $25, the State office agreeing to assume all further financial responsibility in behalf of the child.

Division of work.

The work of the society fell into two general divisions—work in territory covered by branch offices, and work elsewhere in the State. The work of the branches has been outlined. The remainder of the State was served by field workers sent out from the State headquarters at Lansing. At the time the study was made the arrangement was that a field assistant to the superintendent and two field investigators inspected possible foster homes and investigated applications in behalf of children needing care. The field assistant also visited the branches and conferred with the branch executives regarding local problems. A home visitor supervised the children placed in foster homes, and a transfer agent, designated as "traveling nurse," spent her whole time placing children or transferring them from one home to another or to or from one of the receiving homes. The case work of the State office was supervised by a children's secretary, who also planned the placements of all State wards. A financial secretary had charge of general publicity and letters of appeal, interviewed county boards of supervisors, and kept track of the work of the bookkeeper and of the two field solicitors.

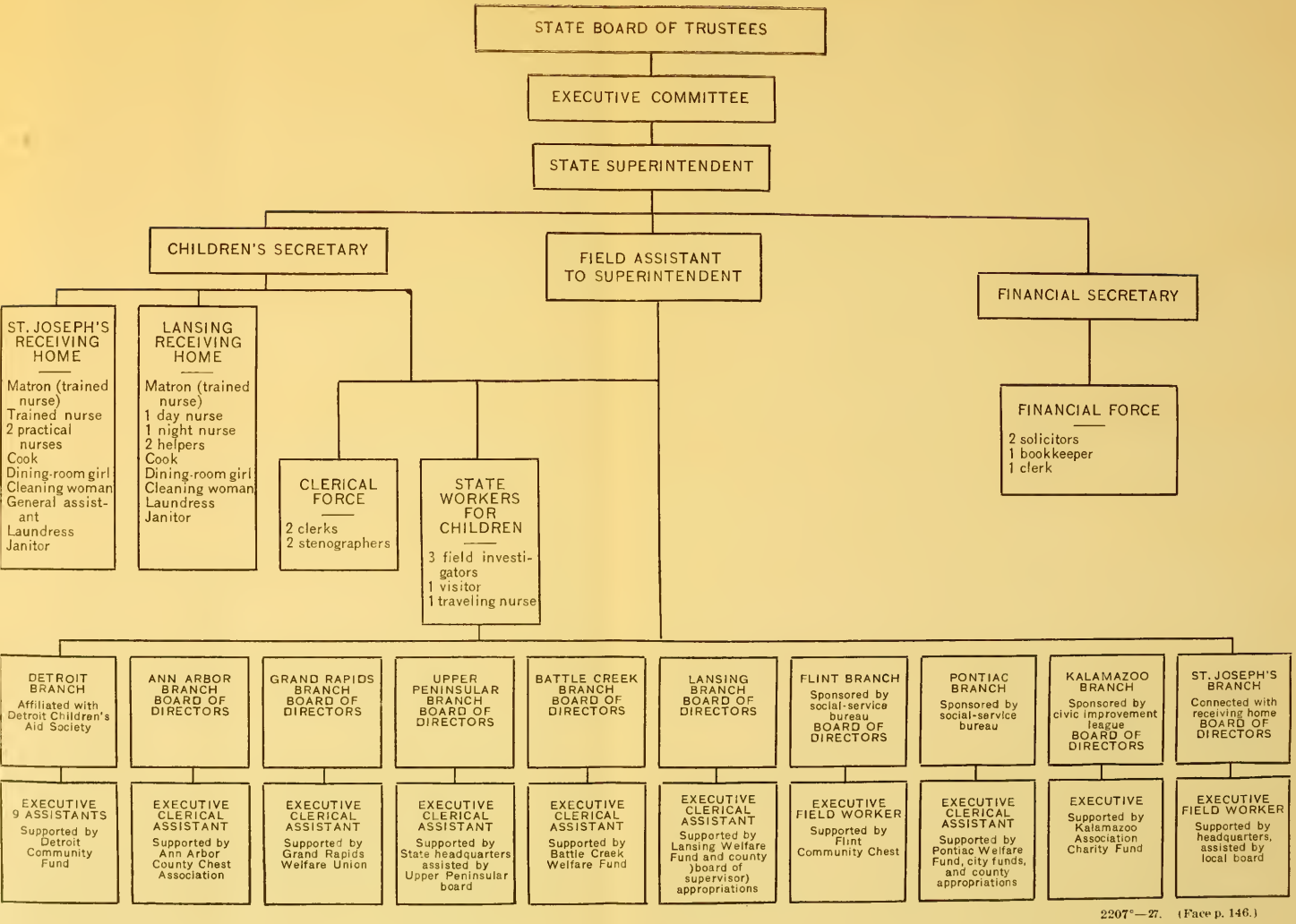
Receiving homes.

Early in its history the Michigan Children's Aid Society established a receiving home at St. Joseph. Later it disposed of the first building used and erected an attractive, three-story fireproof building of brick and concrete, located on the outskirts of St. Joseph near Lake Michigan. This home had a capacity for 12 infants, 11 girls, and 12 boys—a total of 35 children. In January, 1923, the society entered into a three-year contract with the Social-Service Bureau of Lansing to take over a building formerly used by the bureau as a temporary home for children. This gave the society a receiving home at Lansing, its new headquarters. The capacity of the new home was 6 babies and 24 older children. The State office agreed to care for children who formerly were provided for temporarily by the Lansing Social-Service Bureau. To meet this need, and also for temporary care of its wards, the State office at the time of the study was developing a group of boarding homes in and near Lansing. This was in addition to the boarding homes used by the Lansing branch.

The St. Joseph home at the time of inquiry had under care 6 infants and 29 boys and girls of all ages. The Lansing home had 30 inmates at the time of the study—3 babies, 26 children (including 6 day-nursery children and 1 feeble-minded older girl awaiting commit-

ORGANIZATION CHART OF THE MICHIGAN CHILDREN'S AID SOCIETY

[April, 1925]



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ment, who was carefully kept apart from the children). Nearly half (44.4 per cent) of the children went to receiving homes on reception; most of the others (47.6 per cent of the total) went to boarding foster homes at the time of reception. Of 457 children going to the receiving home, 192 (42 per cent) stayed less than one month; 217 others (47.5 per cent) stayed less than six months.

Children received and methods of care.

The Michigan Children's Aid Society received children under 14 years of age from all parts of Michigan without regard to sex, race, religion, or nationality. Permanent wards were received through commitment from the juvenile courts or by parental release; aid cases were received informally from their parents, though a few had been committed temporarily by the courts. Children accepted for temporary care were placed in boarding homes in the locality from which they came. Wards received for permanent placement were, as a rule, sent to one of the receiving homes until a suitable permanent home could be found. Sometimes, however, they had been cared for in the boarding homes of the branches.

Each branch had its own group of boarding homes. The usual rate of board paid was $4.50 a week for older children and $5 for babies; $3.50 a week was paid near St. Joseph for some homes that had been in use for a long time.

A Christmas card sent from the State office to boarding mothers in 1922 was a tribute to the devotion of these women and showed the esteem in which they were held by the society.

The Michigan Children's Aid Society expected that the children placed for adoption or in free homes would be clothed by the foster parents. The society furnished the clothing for boarded children on requisition by the foster mother, in accordance with the need of the individual child. It was noted that a generous attitude prevailed on the part of the foster mothers in supplementing clothing, as well as sewing for children. A few foster mothers were authorized to buy the clothing for their children and charge it to the society, but most of the shopping was done by the visitors, a discount generally being granted by the stores. Some things were purchased at wholesale and kept at the receiving homes, and some secondhand supplies were also kept there. Clubs and church societies did a good deal of sewing for the society.

The following list shows the classification of the 886 children in care on January 1, 1923:

Form of care:	Children in care on Jan. 1, 1923
In boarding homes or receiving homes	444
Permanent department	124
Temporary department	320
In prospective adoptive homes	442
Total	886

In addition, the society was keeping on its list for supervision 678 children who had been adopted legally.

The society often placed two, sometimes three, and occasionally four unrelated children in an adoptive home. The society sometimes paid board over long periods before it found adoptive homes for brothers and sisters together.

Health supervision.

All children received for care by the society were examined before acceptance by a local physician who certified that they did not have a communicable disease. The society did not accept for permanent care a definitely feeble-minded child, or for adoption a child either of whose parents was epileptic, insane, or feeble-minded; children with syphilis or with active tuberculosis were not accepted for permanent care, though a child with inactive tuberculosis or a syphilitic child without open lesions was accepted for temporary boarding care. The preliminary examinations differed according to the resources of the communities and were in many cases superficial; therefore, all children accepted for permanent care were reexamined carefully, usually while they were in one of the receiving homes. Remedial physical defects were then corrected before placement in permanent foster homes. Mental examinations were not made before acceptance, but were made after a child had been under observation for a time, if he showed marked school retardation, antisocial behavior, or had poor heredity. The State superintendent of the society and the children's secretary decided which children should have mental examinations.

Each branch developed its own health facilities, using local resources when possible. Where treatment was not available locally, children could always be sent to the university hospital at Ann Arbor (see p. 144).

Physical and mental examination.—At St. Joseph a child specialist on the staff of the receiving home examined all children received. At Lansing examinations were made by private physicians upon request, but a plan for physical and mental examinations and the correction of defects was being worked out at the time of the study by the State superintendent of the society and the State department of health. In Detroit children were examined in the office of the Detroit Children's Aid Society, where a preventive clinic for children under 3 years of age was held a half day each week. The Grand Rapids branch used the Blodgett Home and its staff of physicians for the physical examination of children. Children were examined for evidence of contagious disease on the day of admission, and the day following each child was given a thorough physical examination, including a urinalysis. At Ann Arbor the university hospital, including its out-patient department, and the State psychopathic clinic were used for physical and mental examinations of children received. No routine health examinations were made of local-aid cases who were apparently well. In Ann Arbor and Detroit all unmarried mothers coming to the society from the hospitals were given mental tests. In other sections, less happily supplied with facilities, the society was hampered in having tests made. It was, however, moving in the direction of careful personality studies for children in its care, especially for the permanent wards. At Kalamazoo infants and young children were usually examined in the infant-welfare clinic at the health center; older children received for temporary care were not given a routine physical examination. A physician at the State hospital held a mental clinic once a month at the juvenile court and saw children at the hospital by appointment; he would examine any or all of the society's children upon request.

In Flint, Pontiac, Battle Creek, and the Upper Peninsular branches physical examinations were made by local physicians or through local health facilities.

Records.—Records of State cases—that is, children received for permanent care—and of State-aid cases were filed in the office at Lansing. A medical-examination blank, Wassermann reports, laboratory reports, letters from physicians, reports from hospitals, reports from psychiatrists and of mental examinations were filed with correspondence in chronological order. Records of temporary-aid cases in the branches were filed in the branch office.

Health standards for foster homes.—The State welfare commission, which licensed all boarding homes in Michigan, prescribed certain requirements regarding light, ventilation, and sanitation for these homes. The society had no requirements with regard to a yard or porch, but most of the State homes were in the country. Children were not allowed to sleep with their foster parents, and a separate room was required for older children. Separate beds were required wherever possible, although two children might be allowed to sleep together. The society stressed an investigation of the health of the family. In placing a child, health problems were given first consideration and an effort was made to find a home suited to the needs of the particular child. The visitors instructed the foster mothers in matters pertaining to the health of the child, such as diet, sleep, and general hygiene. Written food formulas were furnished for infants. At St. Joseph printed diet slips prepared by the State department of health were used for the instruction of the foster mother; in Detroit three registered nurses assigned by the Visiting Nurse Association visited and supervised all children under 3 years of age in foster homes. At Grand Rapids the clinic for infant feeding was used by the society for the supervision of infants in boarding homes. This clinic conducted four stations in different parts of the city and held clinics for infants under 2 years and for children from 2 to 5 years of age, a nutrition and a prenatal clinic. The nurses from the clinics visited the homes and demonstrated the preparation of feeding formulas, the giving of baths, and supplied nursing service for sick babies and little children; the clinic distributed printed pamphlets on infant care and feeding. The Ann Arbor branch developed special types of homes for children placed for the university hospital (see p. 144).

Corrective work and special treatment.—Each visitor was responsible for obtaining the medical attention that might be necessary for the children under her care. Ordinary corrections, such as tonsil and adenoid operations and circumcisions, for children coming into permanent care were made usually while the child was in the receiving home; a child transferred to a branch or a branch child transferred to the permanent care of the society carried a memorandum of any treatment prescribed which had not been carried out, and the responsibility for carrying out this treatment then became the responsibility of the visitor into whose care the child passed. The society made use of all public and private health agencies available at headquarters and in all the branches in an endeavor to work out a satisfactory program of health work at a minimum cost; child-welfare stations and visiting-nurse associations were used wherever available, except in Detroit, where the society had its own physicians and nursing staff;

in Lansing, where the branch executive preferred to solicit the service of private physicians; in St. Joseph, where a physician was employed at the receiving home; and at Ann Arbor, where health work was carried out through the university hospital.

Cost of health work.—No figures were available for the cost of the health work that the society was doing. Practically all medical service was free, except for the salary of the physician employed for the receiving home at St. Joseph and that of the physician at the Detroit branch (paid by the Detroit Children's Aid Society).

THE JEWISH HOME-FINDING SOCIETY OF CHICAGO[24]

History and form of organization.

The Jewish Home-Finding Society of Chicago was organized in 1907 as an auxiliary of the Home for Jewish Friendless and Working Girls of Chicago, an institution for temporary care. It was hoped that by placing some of the children in family homes the congestion in the institution would be relieved and room would be made for other applicants for admission. The articles of incorporation give the object of the society as follows:

> To receive and care for dependent children who may be committed to its care; and to furnish all needed medical treatment, food, shelter, and clothing to the same; and to provide for the care, custody, and discipline and the moral, intellectual, and physical culture of the same; and to teach them useful trades and afford them such employment as shall best tend to make them self-supporting and independent, and to fit them for earning their own livelihood, and for future usefulness in society. Also to provide for the adoption, custody, or care of such children, whether previously committed to the care of said society or not, by a respectable person or persons. Also to participate in and carry on any and all other general charitable work.

During the first year of its organization the home-finding society investigated 51 applications for admission to the Home for Jewish Friendless and Working Girls of Chicago, and returned 20 children from the institution to their parents and other relatives, in addition to its work of placing children in foster homes. As it was soon found that it was better policy to support fatherless children in the homes of their mothers than to provide for them in institutions, the society early began a system of mothers' aid. When the county established a mothers' aid division of the juvenile court, the society continued to give an allowance to families that were unable to fulfill the requirements for public aid, and to supplement inadequate county allowances. In January, 1922, these "compensated cases" were transferred from the home-finding society to the Jewish Social-Service Bureau, the Jewish family-welfare society of Chicago.

Early in its history, the home-finding society extended its work of investigation for admission and discharge to the other two institutions for Jewish children in the city, the Chicago Home for Jewish Orphans, and the Marks Nathan Orphan Home. By 1917 the work of the society had proved that the Home for Jewish Friendless and Working Girls of Chicago was no longer necessary,

[24] No attempt has been made in this summary, as in the case of the other societies, to bring the information up to date. Changes in policies and organization have been made which would necessitate a new study if an adequate picture of conditions as they now exist were to be attempted. The information given relates to the years 1922 and 1923.

and accordingly the institution was closed, the children being either returned to their families or placed in foster homes by the home-finding society.

The society at the time of the study was occupying commodious and well-planned quarters in a large, two-story brick building which housed several organizations of the Jewish charities of the city. A research bureau, which was located in the building, acted as a confidential exchange for all applications received, registered cases with the city confidential exchange, and gave to the various organizations of the federated Jewish societies a detailed report of services rendered in behalf of each member of a family helped by any one of them.

At the time of the inquiry, the board of directors of the society consisted of 18 men and women elected by the contributors to the Jewish Charities of Chicago. The members of the board served for a term of three years, elected their own officers annually, and held monthly meetings. An advisory committee met twice a month and passed on all cases. After each meeting of the advisory committee, its report was sent to every member of the board of directors, and its decisions were typed into the case records of the children whose cases were passed upon at the meetings. A medical, a purchasing, and a finance committee met on call.

Sources of funds.

The society was supported by reimbursements from relatives, donations, interest on endowment, and appropriations from the Jewish Charities of Chicago. It was noteworthy that under the existing laws of Illinois no support could be paid from public funds for dependent children committed by the juvenile court of Cook County; this left with the child-caring agencies of Chicago a heavy financial burden, which in many States was carried, at least partly, at public expense.[25]

Division of work.

At the time of the study the work of the society was carried on by the four departments of investigation, medical care, child placing, and supervision. The superintendent of the society was herself directly supervising the department of investigation, as the position of supervisor was temporarily vacant. Applicants who came to the office were seen by an office interviewer. For field investigations the city was divided into seven districts with a worker assigned to each district. The duties of these seven workers combined investigation of cases of children needing care and supervision of children placed by the society in foster homes. They thus worked for both the department of investigation and the department of supervision; their work of investigation was directed by the superintendent of the society and their work of supervision by the assistant superintendent, who was in charge of the supervision of placed-out children.

The department of investigation in the year 1922 worked on 314 applications for boarding care, involving 702 children; of these,

[25] On July 1, 1923, an amendment to the juvenile court law went into effect enabling counties to reimburse associations for the care of children in private family homes. Funds were made available in December, 1923, and the first commitments took place early in 1924.

340 children were placed by the society in foster homes. The department also investigated 75 applications for admission to the Chicago Home for Jewish Orphans and the Marks Nathan Orphan Home, for whom it acted in the matter of investigating applications, involving 134 children. The work of the investigation department was closely connected with that of the Jewish Social-Service Bureau. Any case requiring family treatment was referred by the society to that bureau. When the social-service bureau felt that the welfare of the children demanded their removal from their families, a conference between the two agencies was held, which sometimes resulted in further efforts by the social-service bureau to obtain proper care for the children in their own homes, and sometimes in their placement in foster homes under the supervision of the home-finding society.

The work of the medical department was carried on by two registered nurses (see p. 155.)

A director and her assistant were in charge of the child-placing department. Their duties were to find and investigate foster homes, and in conference with the visitor who knew the child to select the home best suited to his needs. During the year 1922 the department investigated 516 prospective foster homes and placed 340 children.

The department of supervision was under the immediate direction of the assistant to the superintendent. Children in foster homes were visited by the seven field workers who also did the work of the investigation department for their districts. Babies were visited in the foster homes by the nurses of the staff at least once in every two weeks and were visited as a rule once a month by the social workers of the department. Highly specialized supervision thus existed of all homes where children under 2 years of age were placed. The nurses' supervision was to insure proper physical care of the children, and the social workers were concerned with the standards of the homes themselves and with the contacts between the children's families and the foster homes. Rehabilitation of the child's own family was not attempted by the home-finding society, but was left with the Jewish Social-Service Bureau. The visitors, however, kept in touch with the children's families and in most cases encouraged relatives to visit the children in the foster homes.

Children received.

At the time of this study the Jewish Home-Finding Society of Chicago received Jewish children from Chicago and its immediate environs up to the age of 18 years, with no limitations as to health, mentality, or sex. It specialized in the temporary foster-home care of children pending the rehabilitation of the child's own home, and each year returned about 90 per cent of its children to their own homes. The society, however, had made some permanent placements where there was no possibility of a child's ever receiving proper care with his own relatives. The society was boarding in foster homes a large group of mentally defective children for whom institutional care was not at the time possible or for whom it was hoped that foster-home care might be beneficial. As a rule from 25 to 40 per cent of the children under care at any one time belonged to this

group and presented a distinct problem. The society was also caring for a comparatively large number of children under 2 years of age.

The children were received by commitment from the juvenile court or informally from their relatives; in rare cases guardianship of children had been accepted from the probate court. Of the 318 children in the care of the society on February 1, 1923, 99 had been received from the juvenile court, 6 from the probate court, and the others from their parents. No parental surrenders were accepted, but the children were received from their families informally for temporary care. A general understanding with the court and with the institutions provided that the children of large families requiring care covering a long period of time should be cared for in the institutions and that the home-finding society should specialize in temporary placements and permanent care, when necessary, of children of small families.

In 1922 the society gave 108,927 days of boarding care to 632 children. During the year it received 340 children and returned 321 to their parents or relatives, placed 45 with other organizations for further care, and placed 2 children for adoption. The following list shows the ages of children accepted for care in 1922:

Ages:	Children received Jan. 1 to Dec. 31, 1922
1 year and under	36
Over 1 year, less than 2	34
Over 2 years, less than 5	37
5 years of age and over	233
Total	340

Foster-home care.

On February 1, 1923, the society was using 226 boarding homes and 20 free homes (including free homes with relatives and wage homes); the society had no prospective adoptive homes at that time. All the 318 children under care on that date were in foster homes in Chicago except 12 boys who were in farm homes located within a radius of 60 miles of the city. The regulations of the city of Chicago required a license for every home that boarded more than two children of different families at one time. The Jewish Home-Finding Society of Chicago did not use any licensed homes. Large families of children needing permanent care went by arrangement to institutions, and this practice reduced the number of separations in families too large for accommodation in one foster home. In cases of necessary separation effort was made to keep brothers and sisters in contact by keeping them in the same neighborhood and the same schools. Often by placing such children with foster mothers who were related the family circle was kept intact.

Non-Jewish homes were used for children from infancy to 2½ or 3 years of age. The devotion of these non-Jewish foster parents to the children they had cared for during infancy often led them to keep track of the children after they had been returned to their own homes or transferred to Jewish foster homes. This interest which brought people of different races together in a new understanding

was a valuable by-product of the work of the society, especially as it often touched the lives of newly arrived immigrants.

The society supplemented the outfits of the foster home by supplying cribs, toilet chairs, baby carriages, and other equipment when necessary. When these articles were not in use, the two firms from which they were purchased originally gave them free storage and transferred them to and from the homes where they were needed.

Infants under 2 years of age were visited at least once in every two weeks by a nurse, and once a month by a social worker. (See p. 152.) Children of 2 years of age or over in Chicago were visited in the foster homes at least once a month by the visitors, and once every six months by the director of supervision. A delinquent list was given by each visitor to the director the first of each month, on which were noted the names of the children under her supervision whom she had failed to see in the foster homes the preceding month. The visit was not considered complete unless the foster mother was also seen in the home, for office interviews or chance meetings were not counted. An exception was made of the 12 boys placed in the country, who were visited, as a rule, every six weeks.

The society believed that recreational and educational advantages were of benefit. Allowances were given all children over 12 years of age, 15 children were receiving music lessons, semimonthly tickets to the Chicago Symphony Orchestra concerts were given to all children over 8 or 9 years of age, and weekly tickets to selected motion pictures. A special vocational study of all children in the eighth grade was made regularly each year, and opportunities were provided for high-school education or for technical training suited to the ability, aptitude, and ambition of each child. At the time of the study seven children were in high school, four were receiving technical training, and one boy was being sent to college.

The well-dressed appearance of the wards of the Jewish Home-Finding Society was a matter of favorable comment. The society felt that the purchase of good clothing paid in dollars and cents as well as in the added self-respect of the wearers. The society had a clothing room where enough clothing bought at wholesale was kept to outfit newly admitted children. An organization of Jewish women, known as the Infant's Aid, furnished most of the infant outfits, which were especially dainty and attractive. The policy of the society was to give the children clothing of good quality on the theory that it was an ultimate economy and that the children took better care of their clothes if taught to appreciate their value. It also laid a good deal of stress on the moral value of good clothing. In about half the free homes the foster mothers furnished the clothing, many of them making the children's clothing, the society paying for the materials. One foster mother displayed with warrantable pride an overcoat which her husband, a tailor, had made for a little 6-year-old boy and which had cost the society just $1. For children 12 years of age and over the clothing was always purchased individually, by either the visitors or the foster mothers, the children being taken on shopping expeditions as a child in his own home would be.

Health supervision.

A medical committee was one of the standing committees of the board of directors of the society, meeting on call to consider all mat-

ters pertaining to the policy of the society in regard to its health program. The chairman of this committee was one of the eminent pediatrists of the country and was actively interested in the health work of the society.

The department of medical care had as its head a trained nurse who had had special training and experience in the care and feeding of infants. She had general supervision of all matters pertaining to the health of all the children in care, of the health records, and also had under her personal supervision all infants under 2 years of age. A junior nurse, also on a full-time basis, gave her time exclusively to visiting children who were ill in foster homes. The society provided an automobile for the use of the department, which greatly facilitated the work done by the senior nurse.

The medical supervision of the society was carried out through the cooperation of the Michael Reese Hospital and its out-patient department, the Michael Reese Dispensary. The program of medical supervision included a routine physical examination for every child received, special examinations, treatment and correction of remediable defects as indicated, and hospitalization of all children who required hospital treatment.

The society had engaged the services of several physicians in each district of the city to visit children who became ill in foster homes. These physicians were connected with the infant-welfare stations of the city and were specializing in work for children.

The plan of medical supervision differed in its execution for babies and older children. Infants under 18 months of age were examined at the Sarah Morris Hospital, the children's department of the Michael Reese Hospital, by the resident physician and were returned there for treatment if necessary. All breast-fed babies and those presenting feeding problems were placed in the Sarah Morris Hospital for feeding adjustment before being placed in foster homes. Children under 12 years of age requiring hospital treatment were admitted to the Sarah Morris Hospital.

The Michael Reese Dispensary was a member of the Federation of Jewish Charities of Chicago but was nonsectarian in its activities. The operating deficit of the dispensary was carried by the Federated Jewish Charities. The dispensary had 10 major and 12 special clinics, including the tuberculosis, metabolic, cardiac, albuminuria, serological, nutrition, and mental-hygiene clinics, an X-ray department, and a clinical laboratory, and was equipped to give all kinds of medical service. The clinical staff was composed principally of members of the staff of the Michael Reese Hospital who served without compensation; a few paid clinicians were on the staff and the heads of the laboratory, X-ray department, and dental clinic were all paid on a full-time basis.

The children's examining clinic of the dispensary was organized in 1920 for the purpose of examining and treating the children of the Jewish Home-Finding Society and the Jewish Social-Service Bureau. At the time of this study the clinic was held two mornings a week for the examination of children of the Jewish Home-Finding Society, and about 10 children were examined each morning. Occasionally older children were examined in the regular medical clinic of the dispensary.

The staff of the children's examining clinic was composed of a pediatrist, a specialist assigned from the ear, nose, and throat department who also examined eyes, and a dentist from the dental clinic. A volunteer social worker served in the clinic at the time this study was made. The pediatrist of the clinic staff was one of the paid clinicians of the dispensary and served continuously throughout the year, giving a continuity and standardization of service which was most desirable for this work.

Physical examination.—Health examinations usually were made early in the investigation so that for all children for whom there was a probability of acceptance necessary treatment or correction could be made before placement. In the cases not accepted for care the family was assisted in obtaining treatment for the child through the social-service department of the dispensary.

Children who were to be admitted to the orphan homes were always examined at the children's examining clinic and the responsibility for any treatment not completed was taken over by the institution when it received the child.

A routine physical examination was made of all children accepted for care by the society. The examination was made with the child stripped and included examination by the pediatrist, an examination of the eyes, ears, nose, and throat by the specialist assigned to the clinic from the nose and throat department, and a thorough examination of the teeth by the dentist from the dental clinic. Height and weight were taken and notation made of relative over and under weight. All children 7 per cent or more under weight were referred automatically to the nutrition clinic. Temperature, pulse, and respiration were taken and recorded. Urinalyses and throat culture, which were required by the city department of health for all children placed in foster homes, were made routinely and a vaginal smear made by the clinic nurse was also a part of the routine procedure in the examination of girls. Von Pirquet tests were made only in the tuberculosis clinic to which children were referred if there was indication of the disease. Wassermann tests were made in cases showing suspicious signs or clinical evidence of syphilis or when there was a suspicious family history, and for children to be placed for adoption.

Children who were examined and found to need special examination or treatment were referred to the appropriate departments of the dispensary, where they were examined and treated as required. This included the children who were referred to the dental clinic of the dispensary for treatment. The program for health supervision included a reexamination every six months, and these reexaminations were carried out almost without exception.

The report of the routine physical examination in the children's examining clinic was made to the society upon its own printed form, which covered the examination in detail, the various items being filled out by the social worker of the clinic from the dictation of the examiner. In addition to the physical findings, the recommendations in each case and the treatment prescribed were also given. The reports of special treatments or of laboratory work performed in the Michael Reese Dispensary were transmitted to the society by letter

through the social-service department of the dispensary upon receipt of a written request for this information from the society.

Mental examinations.—At the time of the study mental examinations of children coming into care were not a matter of routine, and few children were examined as a preliminary to acceptance. The policy of the Jewish Home-Finding Society of Chicago was to have the following types always examined mentally: Children presenting behavior difficulties, those who were two to three years retarded in school, those whose family histories presented mental abnormalities, all who were to be placed for adoption, and all unmarried mothers. These tests were made at the Illinois Institute for Juvenile Research, where a thorough psychological and psychiatric study was made of each child. The society also made a point of studying carefully all the boys and girls under its care who were in the last grade of grammar school, in order to plan intelligently for their future education, and when it was thought advisable this study included a mental test.

All mental studies for the society were made by the Institute for Juvenile Research. Owing to pressure of work the institute was able to examine an average of not more than 5 children a month for the society. During 1922 approximately 60 examinations were made by the institute for the home-finding society, 40 of which were first examinations and 20 reexaminations.

The Institute for Juvenile Research which was a part of the division of criminology, department of public welfare of the State, had a highly trained staff of psychiatrists, psychologists, and psychiatric social workers and a completely equipped clinical laboratory. It examined children of all ages. The study of each case included a physical, psychological, psychiatric, and social examination with reexamination if necessary. At the conclusion of the examination a conference was held by all branches of the examining staff for discussion of the case and suitable recommendations were transmitted to the society in writing. The agency workers were also given opportunity to confer with the examining psychiatrist or a member of the social-service staff in regard to individual cases. In presenting a case for examination the society summarized the social history of the child according to an outline furnished by the institute and stated the problem presented and the reason why the examination was desired.

Because of the special problem which the society was called upon to meet in caring for a large group of mentally defective children, the board of directors had recognized the urgency of the need for more mental service than had been available heretofore, and was prepared, if necessary, to provide funds to develop a service which would insure routine psychometric tests for all children coming into care.

Records.—The medical record of each child was kept on a separate sheet with the rest of a child's history. All health items were recorded, including examination and treatments in the dispensary, visits by physicians and nurses at home, and hospital residence. Each time a child was examined or reexamined in the children's examining clinic a card was filled out in a card file in the medical department and flagged to indicate the treatment or corrections

recommended, signals of distinctive colors being used to show the different conditions found. These cards were reflagged to show when treatment had been begun or when it was completed.

For checking up the medical work to be done two books were used—in one was entered the name of each child for whom treatment had been advised by the examining clinic, together with the clinic or hospital to which he had been referred, and the date upon which he was to be treated. The dates upon which he actually was treated and the date upon which he was discharged from treatment were also entered in this book. A second book was used, in which a page was devoted to each special clinic of the dispensary, such as nose and throat, eye, dental, etc., and under each clinic were entered the names of all children referred to that clinic, with the dates of examination, treatment, and discharge from treatment. The entries in these books were made by the medical-clerical worker from the reports of visitors and nurses, which were submitted upon a special form provided for the purpose.

The flagging of the examination cards and the entries in these books were used as a double check upon medical work to be done, and were used also for the compiling of medical statistics.

Corrective work and special treatments.—Responsibility for carrying out the recommendations of the examining clinic rested with the society. Each visitor arranged for the treatment of children under her care. Practically all corrective work and special treatments were carried out in the Michael Reese Dispensary or Michael Reese Hospital. Children who did not require hospitalization remained in their foster homes during the period of treatment.

Tonsil and adenoid operations were performed at the Michael Reese Tonsil and Adenoid Hospital. This hospital, the gift of a philanthropic member of the Board of Federated Jewish Charities, was devoted entirely to tonsil and adenoid operations. A small fee was charged those who could afford to pay, but the major part of the expense of operating the hospital was carried by the donor, and the home-finding society was not asked to pay for the service it received. The services of the hospital were available to the municipal tuberculosis clinics, school nurses, and private agencies, as well as to the Michael Reese Dispensary.

Girls of school age with gonorrhea or active syphilis were entered at the Frances Juvenile Home, a private institution for the care and treatment of girls of school age suffering with venereal disease. The home employed its own physician and maintained a residential school for children under treatment. It charged a moderate rate of board for the children in care which the society was glad to pay rather than to send these girls to the Cook County hospital as was necessary in the cases of other children with active venereal disease.

The tuberculosis clinic of the Michael Reese Dispensary acted as the out-patient department of the Winfield Tuberculosis Sanatorium, which was also a member of the Federated Jewish Charities, and through the clinic children with incipient tuberculosis were admitted to the sanatorium. Children with active tuberculosis were referred to one of the city or county institutions for the treatment of this disease. Children with contagious diseases were hospitalized through the city department of health, which assigned these cases to one of the three hospitals in the city for the treatment of contagious disease.

Children with scabies were usually cared for in foster homes, the society paying an increased rate of board for their care.

The Michael Reese Hospital provided free beds for children who required ordinary medical or surgical treatment, and two convalescent homes supported by two Jewish clubs provided for the children of the society who needed such care.

Health standards for foster homes.—Foster mothers were instructed as to the physical care and general hygiene of the older children by the visitors. If a child presented a special health problem, the visitor obtained detailed instructions from the examining physician in regard to the child's régime, and transmitted these to the foster mother.

The senior nurse who had personal supervision of infants under 2 years instructed the foster mothers in regard to the care and feeding of infants. These instructions covered the general care and hygiene of the baby, with a demonstration of the preparation of food. A written copy of the baby's formula was always provided, and a complete equipment of bottles for each feeding was supplied. All babies on formulas were seen by the nurse once a week or oftener if necessary, and older babies were visited less frequently—every two or three weeks. The nurse carried a scale with her and the baby was weighed at each visit and its weight accurately recorded. If the baby failed to make satisfactory gains, or if in the opinion of the nurse he needed medical attention, a private physician was called or the child was admitted to the Sarah Morris Hospital for a period of observation and adjustment of his feeding.

Every foster mother was provided with the names of several physicians in her district upon whom she might call in an emergency. In an ordinary illness the foster mother communicated with the central office and a nurse visited the child immediately or a physician was called according to the urgency of the case.

Cost of health work.—During the year 1922 the cost to the society of carrying out its program of health supervision, exclusive of the salaries of its two nurses, was less than 1½ per cent of the total expenditures for the year.

All service received from the Michael Reese Hospital and Dispensary was given without cost, including examinations of all kinds, treatments, X rays, laboratory work, and everything prescribed by the dispensary physicians, such as medicines, glasses, and braces. For convenience some of the dental work was done by neighborhood dentists and paid for by the society. This was always done in emergencies.

System of records.

The Jewish Home-Finding Society of Chicago had succeeded in working out a system of obtaining statistical information without the use of a large clerical staff. Each day the bookkeeper brought up to date a census of the children in care, classified by boarding homes and hospitals. The superintendent kept by her desk visible indexes, with the cards arranged under the following heads: Children under legal guardianship, investigations on hand for orphan homes, children in hospitals, children and active cases for investigation assigned to each visitor. The director of supervision kept a card file of school children, flagged to show school grades and degree of retardation. The medical card file has already been de-

scribed. (See p. 157.) Statistics for the monthly reports regarding source, cause, and disposition of applications were readily available from flagged cards.

THE CHILD-CARING DEPARTMENT OF THE SOCIETY OF ST. VINCENT DE PAUL OF DETROIT

History and form of organization.

The child-caring department of the Society of St. Vincent de Paul of Detroit was organized in 1912 by the Particular Council of Detroit.[26] The immediate cause for its establishment was the reluctance of the juvenile court of Wayne County to commit children to institutions. The object of the department as given in its articles of incorporation was "the care, education, and protection of children and placing them in homes; to care for such boys and girls as may come to its care by order of any court in the exercise of its authority or by the parent, parents, or legal guardian of any such child or children."

Although the department was organized primarily for the care of dependent and neglected children committed to it by the court, it had gradually enlarged its scope so that it had become a general child-caring organization. Its chief service had been the placing and supervision in family boarding homes of children who were temporarily deprived of their own homes.

The managing board of the child-caring department consisted of a general committee of 15 men which met monthly. The officers and members of the general committee were appointed by the particular council. This committee had the following subcommittees: Case, finance, homes, and court. The court committee, which was composed of five practicing attorneys, not all of whom were members of the general committee, was of great help in legal matters. A short time before the study was made, members of the committee represented the child-caring department before the Supreme Court of Michigan. It had also obtained the consent of certain trust companies to become guardians of the estates of some of the wards of the society.

Sources of funds.

The child-caring department of the Society of St. Vincent de Paul of Detroit obtained its funds from three sources: (1) Reimbursement from parents and other relatives; (2) reimbursement from Wayne County for children committed by the juvenile court; and (3) appropriation from the Detroit Community Fund. The department was a member of the Detroit Community Union, from which it received in 1922 nearly two-thirds of its entire yearly expenditure. The financial accounts of the department were kept by a member of the general committee, who donated his services.[26a]

Division of work.

At the time of the study the work of the department consisted of two general divisions—the case department and the homes department. The staff of the case department consisted of a supervisor,

[26] Society of St. Vincent de Paul is an international organization of Catholic laymen engaged in the personal visitation and service of the poor. Its unit of organization is the parish conference and the various conferences of a given diocese are united in a particular council.

[26a] The accounts of the department are now kept by a salaried accountant.

four case workers, and a stenographer. The work of this department included: (1) Investigation of applications for the care of children; (2) the making of adjustments within the child's family that might prevent removal from his own home; and (3) work to reestablish his home when the child had been placed, so that he might be returned to it as quickly as possible. The homes department investigated and supervised foster homes. Its staff consisted of a supervisor (a position temporarily vacant during this study), a home investigator, two visitors, three trained nurses, and two stenographers. The three trained nurses were paid by the Visiting Nurse Association of Detroit and were assigned by that association to the child-caring department of the Society of St. Vincent de Paul.[27]

Children received.

The child-caring department of the Society of St. Vincent de Paul of Detroit received Roman Catholic children from the diocese of Detroit, which included 29 counties, although the great majority of the children came from the city of Detroit and surrounding towns. Children were accepted from infancy up to the age of 16, but, as a matter of fact, the society received very few infants of under 6 months. This was largely because of the work with unmarried mothers and their babies carried on by Providence Hospital and by the Woman's Hospital of Detroit. The department made no limitation as to sex, race, or nationalitiy; a large proportion of the children were of foreign parentage, those of Polish descent predominating. In 1922 a little over half (191) of the children received were committed to the child-caring department by the juvenile court; most of the others were received informally from their parents. Only a very few children were accepted through parental releases.

The department was liberal in accepting children who were physically or mentally defective, the only limitations being that it did not accept a child with a contagious disease or one so mentally handicapped that he could not be cared for in a family home. Because of this policy on the part of the child-caring department, the juvenile court of Wayne County rarely committed a Roman Catholic dependent or neglected child to the State public school for dependent children at Coldwater. Neither did the court as a rule commit a Roman Catholic mentally defective child, unless he was of very low grade, to a State institution without first giving him an opportunity to develop in a family home through temporary commitment to the Society of St. Vincent de Paul.

The following list shows the type of placement for the 725 children in care of the child-caring department on January 1, 1923:

Type of placement and number of children in care on January 1, 1923

In boarding homes	425
In free homes	130
In prospective adoption homes	86
In institutions	72
In hospitals	7
In boarding school	5
Total	725

[27] At the present time the staff of the department consists of a supervisor, 2 home investigators, 5 visitors, 2 trained nurses, and 3 stenographers. The arrangement with the Visiting Nurse Association of Detroit is no longer effective.

Methods of care.

The principal work of the child-caring department was the temporary care of children. On an average, four out of every five children received for care had been returned to their homes each year. Very little adoption work had been done. In January, 1923, of the total 725 children in care, 86 were in prospective adoption homes. In its 11 years of service the child-caring department had given 190 of its wards in adoption. Its policy had been very liberal in keeping children for their own relatives. In the case of a child of an unmarried mother, the department had not hesitated to pay full board, if necessary, rather than to give the child for adoption, provided the mother showed a desire to live respectably and to do whatever she could for the child.

The child-caring department had never used a receiving home, but placed its children at once in boarding homes. Placement was usually in the home in which it was intended that the child should remain while in care. All boarding homes used by the society had first been licensed by the State welfare commission, and all adoption homes had been approved by the county agent of the county in which the homes were located. In addition to communicating with other references, the indorsement of the pastor of the parish in which the home was located was required for all homes in which children were placed.

During the early days of the department, a large number of the children were cared for in institutions because of the difficulty of obtaining a sufficient number of good foster homes. In 1919 an intensive campaign was made to develop more homes, chiefly through an appeal to the foster parents already known to the organization, which resulted in obtaining many new homes, so that more of the department's wards were cared for outside of institutions.

Most of the children received for care were placed in or near the city of Detroit. An interesting experiment had been the development of a unit of boarding homes at Mount Clemens, about 20 or 25 miles from Detroit. In March, 1923, the child-caring department had in this unit 75 approved homes, most of which were in use, with 125 children in care. One of the visitors lived in Mount Clemens and supervised the children in the district. A trained nurse was assigned to this territory and went out every day from Detroit, and a local physician was paid to care for the health of the children. Eighty-five of the children attended the local parochial school. As a rule, children who were to be in care for a long period of time were selected for placement in the Mount Clemens unit.

Because of the large number of children in care whose parents were foreign born and of various nationalities, the department had had an unusually difficult problem of adjustment. Its policy had been to use only homes where American standards and speech prevailed.

The Society of St. Vincent de Paul of Detroit sent its children into homes with at least two changes of clothing, thereafter furnishing replacements for all boarded children. The usual method of replacement was for the foster mother to send in a list of needed articles, which were furnished from the clothing room at the office or through individual purchases at the stores.

Health supervision.

The health supervision of the child-caring department was carried out through the pediatric clinic of the out-patient department of St. Mary's Hospital, the infant-welfare clinic of the Detroit Board of Health, and the three nurses assigned by the Visiting Nurse Association of Detroit to the department. The duties of the nurses included the supervising of children in boarding homes, accompanying children to the clinics, and the recording of the examination and treatment recommended on the child's record. Each nurse had her own district—two working in Detroit and one in the Mount Clemens district. (See p. 162.)

Physical examinations.—A routine physical examination was made of all children received for permanent care by the department; children received for short periods of temporary care (from 10 to 15 days), who had been examined by the board of health, were not given further examination before placement. The examination of children over 1 year of age was made in the pediatric clinic of the out-patient department of St. Mary's Hospital; babies under 1 year were examined in the infant-welfare clinic of the board of health. A child received upon discharge from a hospital was not given a physical examination, but information was obtained from the hospital to fill out the required medical record. Immediately upon coming into care the child was taken to the clinic for examination; examination was made with the child stripped to the waist. The child was weighed but height was not taken so that an accurate estimate of overweight or underweight was not made. The temperature was taken in each case; nose and throat, teeth, lungs, heart, extremities, and glandular enlargements were examined. Vision and hearing were not tested routinely; urinalysis, throat cultures, and vaginal smears were made only when they seemed necessary, and Wassermann blood tests were made at the request of the department or if clinically indicated (such tests were not made without consent of the child's relatives). Von Pirquet tests were made if there was indication of tuberculosis. Vaccination for smallpox was done by the board of health clinics but not routinely. The nurses from the child-caring department who accompanied a child to the clinic assisted the physician during examination, and got the findings of the examination for entering on the child's medical record.

Mental examinations.—Mental examinations were not made routinely, but were made of all children placed for adoption, of children showing retardation in school, of behavior problems, of children with bad heredity, and of a few children of superior ability. Children committed by the juvenile court were examined in the Wayne County Psychopathic Clinic and school children were given intelligence tests at the psychological clinics of the department of education.[27a] In the cases of infants received for adoption who were too young for a mental examination the department endeavored to get an examination of the mother.

Records.—The medical record of each child was kept on a separate sheet, giving the details of the routine physical examination and a record of visits to the dispensary for treatments and of house visits

[27a] At the present time the child-caring department has its own mental clinic, the staff of which consists of a psychiatrist, a field worker, and a stenographer.

by the nurse. A report of the mental examination, if any, was filed. This record was filed with the case history of the child.

Health standards for foster homes.—The department did not require porches or yards in the homes in which it placed children; in Detroit it required bathrooms and inside toilets, but these were not required outside the city. Children were allowed to sleep in the room with other children if in the opinion of the investigator the room was sufficiently ventilated. The department did not furnish beds for its wards, except occasionally a basket for a baby. Health instructions were given to foster mothers by the nurses. The nurse demonstrated the preparation of food and the bathing and care of the baby. A written copy of the food formula for the baby was given the foster mother and a pamphlet on baby care issued by the department of health. The nurse also gave verbal instructions regarding the diet of older children and supervised their sleeping arrangements. The nurse was responsible for giving instructions about the use of a toothbrush and seeing that the children's teeth were cared for properly.

Corrective work and special treatment.—The nurses were responsible for arranging to have all children examined and for obtaining appointments for the carrying out of recommendations made regarding corrections and special treatment. Dental work for preschool children in Detroit was done at the dental clinic of the board of health; the work for school children was done at the school clinic. The department of health sent school nurses to parochial schools to examine children's teeth. Dental work in the Mount Clemens district was done by a dentist who gave his services free one-half day a week. Dental work in Detroit was entirely free. Work for children outside Detroit was done by local physicians, whose charge, if any, was very little. Eye work was done at St. Mary's dispensary and glasses were furnished by an optician in Detroit free of charge. X-ray and laboratory work, such as urinalysis, blood counts, and smears, were made at St. Mary's Dispensary. Throat cultures were made by the board of health. Children suspected of tuberculosis were referred to the tuberculosis clinic of the department of health; from there they were referred to the open-air schools in the city and placed in boarding homes. Incipient cases were referred to the Northville Sanitarium and more advanced cases were sent to the Herman Kiefer Hospital.

Children showing positive Wassermann reactions were referred to the venereal clinic of the department of health; if they had no open lesions they were placed in boarding homes and returned to the clinic for treatment. If intensive treatment was needed the child was sent to the university hospital at Ann Arbor. Children with gonorrheal infection were sent to the Herman Kiefer Hospital, where they were treated in the venereal ward for children.

All surgical work was done at St. Mary's Hospital; contagious diseases were sent to the Herman Kiefer Hospital. Children needing long hospitalization were sent to the university hospital at Ann Arbor.

Orthopedic cases were treated at St. Mary's Hospital and were entered at the Nellie Leland School for Crippled Children. This school was built by the board of education for the treatment and education of crippled children, and school schedules were arranged in accordance with the clinic attendance of the patients.

Undernourished children were usually placed in the country under special supervision, and if they failed to gain in weight were brought into the city for observation. The foster mothers were instructed to call the child-caring department in the case of the illness of a child. The nurse was sent to visit the child, and if necessary sent for a physician. In an emergency the foster mother called a local physician. In rural districts the local physicians were called and the department notified. In Mount Clemens a local physician attended children ill in the boarding homes (see p. 162).

Cost of health work.—The amount of health work done by the child-caring department was out of proportion to its cost, as the salaries of the three nurses were paid by the Visiting Nurse Association of Detroit, and the cost of work done by the out-patient department of St. Mary's Dispensary was borne by the dispensary. As these agencies all belonged to the Detroit Community Union, the cost of the work was borne ultimately by the community which contributed the funds to the union.

Cooperation with parish conferences and other agencies.

A distinct feature of the child-caring department was its cooperation with the parish conferences of the Society of St. Vincent de Paul. At the time of this study the parish conferences had 519 active members throughout Detroit. Many of them had attended classes in case work conducted by the general secretary of the child-caring department. These men were active in visiting the poor of their parishes, giving relief and other assistance, and endeavoring to adjust bad social conditions. Many children in need were referred by the conferences to the child-caring department, and, on the other hand, the department referred to the conferences many families where it was thought possible to keep children in their own homes. Often the conferences and the child-caring department worked out a plan together. Where financial help in the home was needed it was supplied by the conferences, except in some cases involving prolonged care, which were referred to the Detroit Department of Public Welfare.[28]

The child-caring department was fortunate in its working relations with the other social organizations of the city. It was a member of the Detroit Community Union and a beneficiary of the Detroit Community Fund. It had joined with the other child-placing members of the Detroit Community Union—the Detroit branch of the Michigan Children's Aid Society, the Detroit Children's Aid Society, the United Jewish Charities, and the Methodist Children's Home—in working out a friendly arrangement whereby applications for foster care of children were referred to the society representing the faith of the child's parents. So friendly were its relations with the juvenile court that the child-caring department placed in its boarding homes some of the delinquent wards of the court, who were supervised jointly by the visitors of the child-caring department and the probation officers of the court. An unusual piece of cooperation was the assignment to the department for full-time

[28] Detroit had no private nonsectarian relief society.

duty of three registered nurses paid by the Detroit Visiting Nurse Association. This was typical of the general spirit of give and take that pervaded the work of the social agencies of the community, and which was an important factor in meeting the needs of the handicapped children of Detroit.

Through the efforts of the case department and cooperation with the parish conferences and other agencies in Detroit the needs of many children had been met without separating them from their families. In 1922 the cases of 2,206 families, involving 6,609 children, were referred to the child-caring department. Of these 432 families were referred by the department to the conferences and 164 to other agencies. The remaining 1,610 cases were handled by the case department, and resulted in the acceptance of only 377 children for foster-home care. The conferences also cooperated with the child-caring department by working to reestablish the homes of children under care, and often by friendly visiting after a child had been returned to his own family. The visiting of women and girls was done sometimes by the League of Catholic Women, since the conference visitors were all men.

THE ST. LOUIS CHILDREN'S AID SOCIETY

History and form of organization.

The St. Louis Children's Aid Society was organized in 1909 and incorporated in 1911. Its inception was due to the vision of a worker in the juvenile court of St. Louis, who became impressed with the need of a child-placing organization in the city. When the society was organized she became its first general secretary, serving without salary for a year. The object of the society, as stated in the articles of agreement, is as follows:

> The object of this society shall be to improve the conditions of the poor and destitute children in the city of St. Louis, Mo., and to keep and care for neglected, exposed, wayward, and destitute children, and for that purpose to receive such children by surrender or otherwise, and to exercise oversight and control over those who have been placed in families; and, further, to conserve the home life of the children in cases where the family has been deprived of support by death, desertion, or otherwise.

The society at first did a general child-placing work and also gave a limited number of mothers' allowances. When the St. Louis Board of Children's Guardians was created, much of the child-placing and aid work was taken over by the public organization. The children's aid society was then able to specialize in cases of part dependency and in health and conduct problems. At one time the society tended to become a central application bureau for the child-caring institutions of St. Louis, but at the time of this investigation such service had been discontinued, except that the society still investigated applications for admission and discharge for the Protestant Orphans' Home.

The board of directors consisted of 39 men and women; they were elected at the annual meeting of the society, served for one year, and selected their own officers. The board met monthly. A case committee, a finance committee, and a committee on Christmas carols

divided the work of the society. It was customary to have a luncheon in connection with the annual meeting, for which complimentary tickets were sent to representatives of newspapers which contributed publicity, and to ministers and other influential people of the city.

Sources of funds.

Before 1923 the society was supported by contributions, membership fees, reimbursement from relatives, and money raised through letters of appeal and from carol singing at Christmas. In 1923 it became a member of the St. Louis Community Fund, a federation recently organized to raise the budgets of the affiliated organizations, which did not allow financial appeals by any of its members.

Since 1911 a picturesque and effective means of obtaining funds for the society had been the singing of carols at Christmas. A carol committee worked for weeks before the holidays, organizing bands of singers from churches, clubs, schools, and community groups. Much publicity was given to the custom through the local newspapers and churches, and attractive posters were placarded asking the people to place candles in their windows on Christmas Eve as an invitation to the singers. At luncheon and dinner on the day before Christmas, society leaders acted as hostesses at hotels, clubs, and restaurants welcoming the singers as they appeared. On Christmas Eve, the carolers, costumed in scarlet and green, sang in the churches, theaters, and under all the windows where a lighted candle gave its invitation. In 1922, $8,627.86 was cleared in this way. Care was taken not to solicit funds, but simply to offer an opportunity to give. This custom was discontinued in 1923.[28a]

Division of work.

At the time of the study, the work of the society was divided into three departments: (1) Advice and investigation, (2) home finding, and (3) home supervision.[29] The department of advice and investigation investigated all applications for admission to the society and the applications for admission and discharge for the Protestant Orphans' Home. It also worked with families to keep children in their own homes, when all that was needed was a slight adjustment, or where by intensive work a solution could be quickly reached. When extensive family treatment was required the case was referred to one of the family-welfare agencies of the city. The staff of this department consisted of a supervisor, a full-time assistant, and a part-time assistant.[29a] During the year 1922 the department investigated 407 cases. In addition 252 applications were handled at the office without field investigation. In these cases advice was given, and where other social agencies were better fitted to meet the need the applications were referred to them.

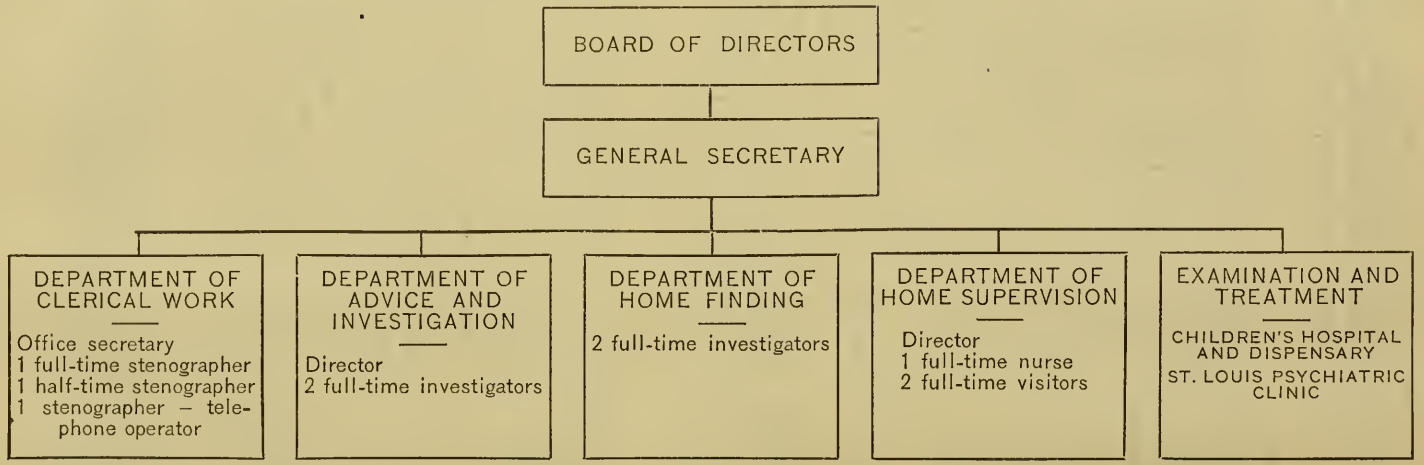
[28a] In 1925 the St. Louis Christmas Carols Association (an organization entirely separate from the children's aid society) was formed to carry on this custom.

[29] Since the study of this agency was made a mother and baby department has been added, chiefly to handle the work for unmarried mothers. A letter from the society dated Oct. 30, 1924, states that it is hoped to accomplish much in the way of better legislation and better care for the unmarried mother.

[29a] At the present time the staff of this department consists of a supervisor and two full-time assistants.

ORGANIZATION CHART OF THE ST. LOUIS CHILDREN'S AID SOCIETY

[April, 1925]



The following table shows the disposition made of applications for the care of children by the St. Louis Children's Aid Society during 1922, by number of families and number of children involved:

Disposition made of applications for the care of children by the St. Louis Children's Aid Society during 1922, by number of families and number of children involved

Disposition made	Applications	
	Families	Children involved
Total	659	1,075
Family advised or case referred to other agency without field investigation	252	445
Investigation made and case disposed of without placement	302	469
Care of children assumed by:		
Relatives other than parents	26	44
Other social agencies	22	39
Institutions	12	14
Family advised after investigation	85	142
Application withdrawn	157	230
Investigation made and children placed by society	105	161

The home-finding department investigated prospective foster homes. This department was directly supervised by the general secretary, who herself investigated all prospective adoptive homes. The staff, in addition to the supervisor, consisted of one full-time and one part-time worker.[30] The following list shows the applications handled by this department in 1922:

Number of applications handled January 1 to December 31, 1922

Type of home:	
Total	[31] 637
Boarding homes	370
Free homes	87
Wage homes	32
Prospective adoptive homes	127
Homes for mothers with children	21

The department of supervision consisted of a director, a full-time visitor, a full-time registered nurse, and four additional workers who gave most of their time to the work of other departments of the society.[31a] The director assisted the visitor with the most difficult cases. The work of this department included the visiting and supervision of children in foster homes; contacts with the children's own families; and follow-up, usually for a six months' period, when the children had been returned to their own homes.

Methods of care.

The St. Louis Children's Aid Society had no receiving home nor special homes for temporary care. One of the directors of the society

[30] In November, 1924, the home-finding department had two full-time workers and an extra worker in emergencies, and investigated adoptive homes as well as foster homes.
[31] Seventy-seven of these applications were approved.
[31a] At the present time the staff of the department consists of a director, three full-time visitors, and a full-time registered nurse.

had taken several apparently unplaceable children into her own home; after good physical care, training, and grooming had developed them into attractive children they were placed by the society, usually in free foster homes.

The following list shows how the children in the care of the society were placed on December 31, 1922:

Children in care December 31, 1922

Type of foster home:	
Total	190
Boarding homes	101
Prospective adoption homes	22
Free homes	20
Institutions for special care	20
Wage boarding homes	19
Wage homes	6
Free homes with mother at work	2

The society had been unusually successful in keeping together children of the same family. Four sisters had been boarded uninterruptedly in a foster family for four years and were a vital and integral part of the family group. Five delicate Japanese brothers and sisters, ranging in age from 17 months to 7 years, had been placed with a big-hearted American woman, who mothered the whole brood. Under her care, in a plain suburban home, rickets and tuberculosis gave way to straight, firm backs and legs and to rosy, chubby cheeks.

Unrelated children usually were placed separately, but the society had three homes with three unrelated children in each.

Children received.

The St. Louis Children's Aid Society received children from St. Louis and its vicinity with no limitations as to sex, religion, race, or nationality up to 21 years of age.[31b] It had specialized in the care of infants and in health and behavior problems. Most of the children had been received for temporary care by private arrangements with their parents, though a few had been committed to the society by order of the juvenile court. Parental surrenders had been accepted occasionally, but according to the law of Missouri each surrender had to be approved by the juvenile court. A working agreement with the St. Louis Board of Children's Guardians which became effective January, 1923, provided that the children's aid society was to receive cases of part dependency, that is, where some reimbursement was made by the children's relatives or friends, and the children who were wholly dependent were to be cared for by the public child-caring agency. As a matter of fact, the children's aid society had accepted numbers of wholly dependent children who were definite health or behavior problems. On January 25, 1923, out of a total of 174 children in care, 29 were definite health problems, 26 were definite conduct problems, and 39 were infants under 2 years of

[31b] Boys 16 years of age and over are no longer accepted by the society.

age.[32] Only two negro children were in the care of the society, because as a rule negro children in St. Louis who required foster care were wholly dependent.[33]

Clothing.

The St. Louis Children's Aid Society took pains to outfit children according to the grade of home into which they were to go in order that they should conform to the standards of the particular home and community. Some supplies were purchased by the society at wholesale and kept in a clothing room at the office for first placements and emergency use. This stock was added to by contributions from church societies, which did a good deal of sewing for the society. A limited amount of second-hand clothing, usually of a better grade than the society could afford to purchase, was used with discretion for special children for whom the circumstances made it appropriate. After the initial outfit, clothing supplies were usually bought at retail, by either the visitor or the foster parent, with special regard to the need of the individual child.

Health supervision.

The society with the cooperation of Washington University Dispensary and the Children's Hospital had worked out a comprehensive plan for the medical supervision of its children. This program included a thorough physical examination of all children in the pediatric department of the Washington University Dispensary; special examinations and treatment of children referred by the pediatric to the other departments of the dispensary, such as eye, nose and throat, skin, etc.; the return of infants to the Well-Baby Clinic at stated intervals for medical supervision, weighing, and change of food formula; and hospitalization of all children needing hospital care in the Children's Hospital (negro children were examined and treated in the Washington University Dispensary, but when in need of hospital treatment were sent to the city hospital).

Children who were ill in foster homes and required medical attention were seen by a physician, who was a member of the staff of the Washington University Dispensary and who was paid by the society for each visit made.[33a] The society included as a regular member of its staff in the department of supervision a trained nurse who had in her care infants under 2 years of age and delicate children requiring special health supervision. She also gave nursing care to children who became ill in foster homes.

The Washington University Dispensary served as the out-patient department of the Barnes Hospital, the St. Louis Children's Hospital, and the Jewish Hospital of St. Louis. As an activity of the

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[32] In the above classification, a child who was both a health and a conduct problem was counted only as a health problem, on the assumption that the maladjustment might be removed with the physical handicap.

[33] In November, 1924, the work of the society with problem children and among negro children was increasing. Two orphanages in St. Louis recently had asked the society to take some of their older problem cases, and the mother and baby department was considering the handling of negro as well as white children.

[33a] Since January, 1926, the society has had its own physician, who visits children sick in foster homes, makes examinations of all children before placement (referring them to specialists when necessary), and examines all children under care periodically.

Washington University it was under the administrative control of the executive faculty of the Washington University School of Medicine and its operating defict was carried by Washington University.

The pediatric department of the dispensary in which all children of the society under 15 years of age were examined served as the out-patient department of the medical wards of the St. Louis Children's Hospital. The staff consisted of 12 physicians; 5 of them, including the chief of the clinic, his associate, and the resident physician of the children's hospital, were members of the faculty of the school of medicine of the Washington University, and were on a full-time university basis. The attendance of these full-time physicians in the clinic insured regularity and continuity of service with a resulting standardization not possible with a changing personnel.

The social-service department of the Washington University Dispensary was a large and important one, including a director, 14 social workers, and 11 clinical secretaries, 9 of whom were volunteers. Much of the service that the children's aid society received from the dispensary was made available through the social-service department.

The health work done by the society was not confined to that for children received for placement. During 1922 of 200 cases investigated and disposed of without placement almost all the 44 children whose care was assumed by relatives other than parents, were examined at the Washington University Dispensary and treatment carried out; all the 14 children whose care was assumed by institutions were examined; and in the cases where adjustment was made through advice many of the 142 children involved were examined and treatment obtained for them.

The physical examination.—The routine physical examination was made with the child stripped and included the taking of the temperature, height, and weight, as well as a general physical examination. No laboratory work or special tests were included in the routine examination, but examinations of urine and blood, and Von Pirquet tests were made where indication was shown of their need. Wassermann tests were made in cases showing some clinical evidence of hereditary or acquired syphilis, where there was a suspicious family history, and in cases in which the society requested that they be made. Schick testing for diphtheria was done in selected cases. Children of preschool age usually were given toxin-antitoxin without the test, the Schick test being used later to determine immunity.

Children who were ill or who needed medical observation in a hospital were admitted to the Children's Hospital, where urine examinations, vaginal smears, and Von Pirquet tests were made routinely. Wassermann tests were made in almost all cases admitted to the hospital.

A special clinic was held in the pediatric department for intravenous and intramuscular medication for syphilis. The work of this clinic was carried on entirely by one physician. Antiluetic treatment was continued in an infant for one year and in older children for at least two years, regardless of what the Wassermann reaction showed.

The children who were found upon examination to require special examinations and treatment were referred to the appropriate de-

partments of the dispensary; all kinds of medical service were available within the dispensary through its various departments.

Children over 15 years of age were examined in the medical department of the dispensary and were hospitalized in the Barnes Hospital.

A uniform history card was used in the various departments of the dispensary on which was recorded the medical history, the findings of the physical examination, diagnosis, treatment, and notes made at subsequent visits. In the pediatric clinic the physical examination was recorded in the form of positive findings only. The records of the children of the St. Louis Children's Aid Society were kept in the general files of the dispensary. These records, however, were always available to the society's workers through the social-service department.

The service of the Washington University Dispensary was free to the children's aid society, except in the cases of children whose parents were able to pay the dispensary fees. The society paid a nominal charge for X rays, salvarsan treatment, and for prescriptions filled at the dispensary pharmacy. The society paid the Children's Hospital for children admitted to the hospital ward the same rate which the society received from the children's families. The hospital made no charge for wholly dependent children.

Usually children presenting health problems were examined physically during the course of the investigation, and if necessary were sent to the Children's Hospital for feeding adjustment or observation before placement. Children who were apparently well were examined at the dispensary the day they were placed. Children who presented behavior difficulties were placed at once in homes which had been carefully selected to meet their special needs.

In the cases of older girls where a gynecological examination was indicated, such examinations were made by a woman physician at her private office.

Mental examinations.—Mental examinations were made only in selected cases because of the limited facilities available for this type of service. Practically all such examinations were made in the neurological clinic of the Washington University Dispensary, but because of pressure of work the clinic was able to examine only a limited number of cases for the society (23 during 1922). During 1922 the child-guidance clinic, one of the demonstration clinics established under the Commonwealth program for the prevention of delinquency, examined a few children for the society.[34]

At the time of the study mental examinations were restricted to those children for whom such examination was recommended by the pediatric clinic of the Washington University Dispensary, to children who had proved most difficult after a period of observation in foster homes, and to those children showing serious school retardation. It was not possible to have all problem children examined because of the limited facilities.[35]

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[34] Anderson, V. V.: The Psychiatric Clinic in the Treatment of Conduct Disorders of Children in the Prevention of Juvenile Delinquency. The National Committee for Mental Hygiene. New York, 1923.

[35] In November, 1924, the society reported that the municipal psychiatric clinic organized in the spring of 1923 following the demonstration clinic established under the Commonwealth Fund was functioning well, and was referring many cases to it for supervision and placement. The society hoped to obtain expert advice and aid from the clinic in its care of problem children.

Records.—All health items were recorded in the child's running record in chronological order. No written reports of examinations made in the Washington University Dispensary were given to the society. The nurse or visitor made notes of information given her by the physician or obtained from the clinic record, and wrote them on a special form for filing immediately with the case history. When written reports of mental examinations were received they were filed with the correspondence in the case.

Health standards for foster homes.—In the selection of homes for older children the society used homes in the suburban districts, preferably separate houses with yards. Babies were placed in the city as conveniently as possible to the Washington University Dispensary. Separate beds were required for each child, and when necessary the society furnished beds in order that children might sleep alone. It also furnished cribs and baby carriages for infants where they were not included in the equipment of the home.

The investigation of the foster home included a careful inquiry in regard to the health of the various members of the foster family and an interview with the family physician.

The home-finding department made certain requirements in regard to the physical care to be given a child relative to diet, sleeping arrangements, and general hygiene, and the agreement which the foster mother signed when accepting a child into her home carried specific items covering these points.

The nurse instructed the foster mothers in regard to the care of infants, including the diet—a written copy of the food formula was always provided—preparation of food, and matters of general hygiene, and in detail as to the care of delicate children or those under special treatment. Wherever possible the foster mothers were asked to bring children to the dispensary themselves, in order that they might meet the physician and receive direct information and instructions in regard to the children in their care. The foster mothers cooperated in this respect to a remarkable degree, and these personal contacts with the physicians of the clinic not only had a distinct educational value for the foster mothers but served to stimulate their interest in the health problems of the children.

The social visitors were responsible for the health supervision of the older children and the instruction of foster mothers as to proper diet, hours of sleep, care of the teeth, and other matters of personal hygiene.

All babies on a food formula in charge of the society were visited every two weeks or oftener and on alternate weeks were taken to the Well-Baby Clinic, held twice a week by the resident physician of the Children's Hospital, where they were weighed and looked over by the clinic physician. The nurse attended the Well-Baby Clinic to receive instructions from the physician, and in this way saw all the small infants at least once a week. Older babies were taken to the clinic about once a month. If a baby failed to gain and a special feeding adjustment was necessary he was admitted to the Children's Hospital.

Corrective work and special treatment.—All corrective work and special treatments were carried out in the various departments of

the Washington University Dispensary, to which children were referred by the physicians of the pediatric clinic. Children who required hospital treatment—including children with contagious disease—were admitted to the Children's Hospital or the city hospital. During 1922 the 41 children who received hospital care were all treated in the Children's Hospital.

Dental work was done in the dental clinics of the Washington University or the University of St. Louis. Practically all the work done in these clinics was performed by students, and the society paid only for the materials used.

The society had been particularly successful in carrying out the recommendations of the clinic as to treatment and correction of remedial defects. It had been able to do this in every instance where the society had had custody of the child. In occasional cases, where permission for important operations had been refused by parents, court action had been sought. The society had been successful also in the placement of children presenting behavior problems. In cases where these children had been studied by a psychiatric clinic the recommendations of the clinic as to placement were carried out as closely as possible and every effort was made to develop homes to suit the special requirements laid down.

Cost of health work.—Through the close cooperation of the Washington University Dispensary and the Children's Hospital the society had been able to carry out a very comprehensive health program at extremely low cost. During 1922 the expenditure for health work, exclusive of the nurse's salary, was less than 1½ per cent of the total expenditure for the year. The interest and cooperation of the physicians of the dispensary and hospital and the cordial relations existing between the society and the social-service department of the Washington University Dispensary had much to do with the effectiveness of the work. On the other hand, the children's aid society reciprocated in service so far as possible by placing children for the hospital and dispensary. During 1922 the society placed 35 children for the hospital in foster homes and made plans other than placement for 25 others.

Disposition of cases and follow-up work.

Most of the children received by the St. Louis Children's Aid Society were returned to their own families. Since the wholly dependent child went as a rule to the St. Louis Board of Children's Guardians, it followed that very few of the children cared for by the society were eligible for adoption. Five children were legally adopted in 1922, and only 17 children had been given in adoption since the organization of the society in 1909. A probation period of two years in the prospective adoptive home was always required, during which time supervision was maintained by the general secretary of the society.[35a]

When children were returned to their own homes the society continued to show a friendly interest and to visit the home for at least six months. Occasionally this follow-up was prolonged for a year

[35a] This supervision is now maintained by the director of supervision.

or more, and the children in the family other than the ones originally cared for by the society also received the benefit of this contact.

An outstanding feature of the St. Louis Children's Aid Society was its willingness to grapple with any problem of child care, no matter how difficult or complicated. Children with active tuberculosis, with venereal infections, blind babies, a deaf mute, psychopathic little incorrigibles, and border line feeble-minded children had been received unhesitatingly as a part of the day's work. In the same quiet, unostentatious manner, difficulties of health and behavior had been adjusted by careful, painstaking work.

Part II.—HEALTH SUPERVISION OF CHILDREN PLACED IN FOSTER HOMES[1]

INTRODUCTION

It is axiomatic that an individual who is well and physically able is a potential asset to society, and that an individual who is physically unfit is at best a potential liability. It follows, therefore, that one of the greatest contributions that child-placing societies can make as social agencies, is to give the children in their care the best health possible. No child-caring agency can be said to discharge its full duty to a child for whom it accepts responsibility if it does not obtain for that child the best health possible for him under the circumstances and maintain him in it.

The purposes of this section of the report are: (1) To present the work of a number of private child-caring agencies carrying on effective health supervision through well-organized and comprehensive programs, in order to show what can be done and is being done to build and conserve the health of the dependent child; (2) to present the health programs of these agencies in detail, that they may be available to organizations engaged in working out programs of their own; (3) to present the subject of health supervision as a distinct phase of the work of these agencies in order to center attention upon its importance; and (4) to stimulate the interest of workers actively engaged in the care of dependent children in the health side of their problem.

STANDARDS OF HEALTH SUPERVISION

Standards of health supervision for child-caring agencies have been formulated by Dr. Horace H. Jenks based largely upon the practice of the Associated Medical Clinic of Philadelphia.[2]

In preparing this report, the writer has had in mind the following generally accepted principles of health supervision by child-placing agencies:

1. A thorough physical examination, and, if possible, a mental examination for every child when he comes under care.
2. Reexamination at definitely stated intervals.
3. Prompt correction of all remediable defects.

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[1] Eight of the child-placing agencies studied by Doctor Evans in this section of the report are the same as those studied in Part I; the health programs of two agencies included in Part I—the New England Home for Little Wanderers and the Florida Children's Home Society—were not studied, but instead the Church Home Society of Boston and the Detroit Children's Aid Society were included in the 10 agencies whose health programs are presented in Part II (for a summary of the two last-named agencies see Appendix B, p. 22).

[2] Jenks, Horace H., M. D., director, Associated Medical Clinic, Philadelphia: "Safeguarding the dependent child's physical and mental health." Foster-Home Care for Dependent Children. U. S. Children's Bureau Publication No. 136, pp. 113–134. Washington, 1926.

4. Placement of each child in a home selected in accordance with health needs and the recommendations of the examining physician or psychiatrist.

5. Supervision of each child's diet, rest, and all details of his personal hygiene, and of the hygienic conditions of the home by the society's visitors.

6. Supervision of infants in foster homes by trained nurses.

The application of these principles is affected by the financial limitations which must be faced by many agencies in the organization of their health program. Doubtless few, if any, organizations to-day would be satisfied with anything less than the best in carrying out their health programs, if their budgets permitted. Unfortunately, much too often funds are limited, and an agency is forced to adapt the pattern of its health program to its financial cloth. To show what may be done by agencies with limited funds, this report describes the work of agencies whose health programs have been based primarily upon the medical resources of their communities which were available without cost, as well as the work of agencies which were able to provide facilities of their own for carrying on their work.

AGENCIES STUDIED

Ten agencies located in five States east of the Mississippi River were selected for the purposes of this study. These societies were known to be following constructive programs in the health supervision of their children and to be giving varied service in the field of child placing by private agencies. The agencies studied were: The Boston Children's Aid Society; the Children's Mission to Children; the Church Home Society of Massachusetts; the Children's Aid Society of Pennsylvania; the Children's Bureau of Philadelphia; the Michigan Children's Aid Society; the Detroit Children's Aid Society; the child-caring department of the Society of St. Vincent de Paul of Detroit; the Jewish Home-Finding Society of Chicago; and the St. Louis Children's Aid Society.

The territory served by eight of these agencies has been outlined (see pp 6–8); for the territory served by the Church Home Society and the Detroit Children's Aid Society see Appendix B, page 221.

CHILDREN ACCEPTED FOR CARE

In determining their policies as to the acceptance of children presenting problems of health or mentality, the agencies were governed largely by the position which they occupied in the child-caring field in which they operated, and by agreements with other child-caring agencies of their respective communities. The Children's Aid Society of Pennsylvania, by agreement with the Children's Bureau of Philadelphia, did not accept babies in the Philadelphia district, and the Children's Bureau took over for the Children's Aid Society the supervision of babies brought into Philadelphia from outside districts. The Children's Mission to Children referred applications for care for young and delicate babies to the Boston Children's Aid Society.

Five of the agencies accepted children for placement irrespective of their condition of health, if necessary arranging for their care and treatment in hospitals or institutions until they were in condition to be placed in foster homes. One agency did not accept any child requiring hospital care. Three did not accept children with active venereal disease or active tuberculosis, and one of these was not prepared to provide convalescent care for children discharged from hospitals. One did not receive for permanent care any child with a positive Wassermann reaction, but did accept for temporary care in boarding homes children with positive Wassermann reactions but without open lesions.

None of the agencies accepted definitely feeble-minded children for long-time care. Seven, however, received mentally defective children for temporary placement during the illness of the mother or while they were awaiting commitment to institutions. Three did not accept definitely feeble-minded children even for temporary care. The Michigan Children's Aid Society did not accept a child for permanent care if one or both of his parents were known to be insane, epileptic, or feeble-minded.

PROGRAM OF HEALTH WORK

GENERAL OUTLINE

The program of health supervision carried on by the Boston Children's Aid Society and the Church Home Society was based upon the work of the preventive clinic of the Boston Dispensary supported financially by the two societies. The programs of the Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania were based similarly upon the work of the associated medical clinic and its staff of paid consultants. Medical supervision of the St. Louis Children's Aid Society was carried on through the cooperation of Washington University Dispensary and the Children's Hospital of St. Louis.

The health program of the Jewish Home-Finding Society of Chicago was based upon the facilities afforded by the children's examining clinic of the Michael Reese Dispensary, which was organized for the express purpose of examining and treating children of the society, and by the Michael Reese Hospital. Both the dispensary and the hospital were members of the Federated Jewish Charities of Chicago.

The Children's Mission to Children employed its own physician to examine children and to visit those who were ill in foster homes, but used the various dispensaries and hospitals of the city for special treatments and corrections and for the supervision of its posthospital cases.

The child-caring department of the Society of St. Vincent de Paul of Detroit used one of the infant-welfare stations of Detroit for the examination of young infants, and depended upon the nursery department of Providence Hospital for their hospitalization. Children over 1 year of age were examined and treated in the out-patient department of St. Mary's Hospital, a member of the Detroit Community Union, and were hospitalized in St. Mary's Hospital. The hospital expenses of children with Detroit residence were borne by the city.

The Detroit Children's Aid Society and the Detroit branch of the Michigan Children's Aid Society maintained at their own expense a weekly clinic for the examination and medical supervision of infants. Older children were examined without cost in the out-patient department of Harper Hospital, a member of the Detroit Community Union, and children requiring hospital care were admitted to Harper Hospital or to the Children's Free Hospital of Detroit.

The medical work of the Michigan Children's Aid Society outside Detroit and St. Joseph was based upon free service available through various agencies of the communities in which the branch offices were located, and upon the cooperation of private physicians. The children's department of the hospital of the University of

Michigan at Ann Arbor was available for the hospitalization of all children throughout the State who might need special medical treatment.

Wherever a weakness existed in the health program of the agencies studied plans were being made to develop resources and to obtain additional service in order to strengthen and extend the work in accordance with accepted standards of health supervision.

Departments of health.

Two agencies had organized separate departments to handle health work. The Children's Aid Society of Pennsylvania had a department of temporary care and health in charge of a supervisor who was a registered nurse and a trained social worker. This department had charge of all examinations and medical treatment given to children coming into care and to children who had been returned to Philadelphia for medical treatment.

The Jewish Home-Finding Society of Chicago had a medical department in charge of a registered nurse who had general supervision of the health work of the society and who supervised personally all infants. A second nurse employed by the society visited older children who became ill. The head of the medical department was available for consultation by the other workers upon any problems relating to the health of older children.

The Detroit Children's Aid Society placed on a medical worker (not a nurse), who was under the direction of the department of child care, the responsibility for physical examinations and medical treatment of all children over 3 years of age who were accepted for care, and of all children returned to Detroit for medical treatment. The medical work for younger children was carried out under the direction of the trained nurses.

Trained nurses.

All the agencies with one exception had one or more trained nurses as permanent members of the staff and eight employed nurses to supervise directly children who had been placed in foster homes.

The salaries of these nurses were paid by the agencies, except those in Detroit. In that city the Visiting Nurses' Association, as a member of the Detroit Community Union, assigned nurses from its organization to the Detroit Children's Aid Society, the Michigan Children's Aid Society, and the child-caring department of the Society of St. Vincent de Paul, also members of the community union, for permanent full-time duty with these organizations. The Visiting Nurses' Association paid the salaries of these nurses from its own funds and required only that each nurse submit to the association a monthly statistical report of the work that she had done. This arrangement, which had been in operation for 3½ years at the time of the study, had proved entirely successful. No conflict of authority had occurred, because the nurses' interests were identified entirely with those of the organizations to which they were assigned, and no attempt was made by the Visiting Nurses' Association to direct their work in any way. Through this arrangement nurses chosen because of their special fitness for the work, through training and experience, were supplied to the agencies without cost, and the Visiting Nurses' Association made a very definite and valuable contribution to the nursing service of the community.

The duties of the nurses varied in the different societies. The Children's Aid Society of Pennsylvania had a registered nurse at the head of its department of temporary care. Her duties were purely executive, but so much medical work was involved that a nurse's training was considered indispensable for the person called upon to handle the problems arising in connection with the work of this department. Where professional nursing was required for children in boarding homes the Visiting Nurses' Association was called upon for this service.

The Children's Bureau of Philadelphia had two trained nurses upon its staff engaged in the supervision of infants and of special health problems.

The Boston Children's Aid Society had a nursing staff of three registered nurses, one acting in a supervisory capacity and two actively engaged in work with infants.

The three trained nurses in the child-caring department of the Society of St. Vincent de Paul Society of Detroit had under their direct supervision all children placed by the society in boarding homes irrespective of age.

Two of the three nurses of the staff of the Detroit Children's Aid Society and the Michigan Children's Aid Society in Detroit were engaged in the supervision of infants, and the third visited older children who were ill, and also visited all older children once in six months to see whether they were in good health.

The two nurses of the medical department of the Jewish Home-Finding Society of Chicago were engaged in the supervision and care of infants and of cases of illness among older children.

The St. Louis Children's Aid Society and the Church Home Society had one nurse each whose duty was the supervision of all infants under 2 and of older children who presented health problems. The Michigan Children's Aid Society had a trained nurse in charge of each of its two receiving homes who were responsible for the health supervision of the infants and older children in care.

The salaries paid to nurses varied from $120 to $175 a month. The average salary for nurses engaged in active supervision of children was $133 a month.

The success of the plan of using trained nurses in the supervision of infants and delicate children and the distinct contribution made to the work of a child-placing agency by the professional training of a nurse was shown by the fact that nine of the agencies employed trained nurses and that agencies not prepared to provide trained-nurse supervision directly or in cooperation with other agencies did not accept delicate or very young infants.

It has been demonstrated by Dr. Maynard Ladd, of the Preventive Clinic of Boston, and by Dr. H. H. Jenks, of the Associated Medical Clinic of Philadelphia, that the most difficult feeding cases can be successfully and scientifically cared for in foster homes without returning the babies to the clinics through a system of careful supervision by trained nurses under the direction of the clinic's pediatrists.[3]

[3] Ladd, Maynard, M. D.: "Medical supervision of the destitute child." New York Medical Journal [New York] (Aug. 17, 1921), pp. 199–204; Jenks, Horace H., M. D.: "Medical care of dependent children." Atlantic Medical Journal, September, 1923), pp. 799–804.

Although the cooperation given by the Visiting Nurses' Association and by municipal nurses may be good, the question of divided responsibility usually enters into such arrangements, and the advantages of having a nurse whose interests are primarily those of the agency with which she works are obvious (this question does not enter into the arrangement in Detroit whereby nurses are assigned by the Visiting Nurses' Association for permanent duty with the child-placing agencies).

The employment of a trained nurse does not present a problem of added expense. The supervisory work done by the nurse would have to be done by another worker whose salary would be comparable to hers. Besides, where the agency does not employ a full-time physician, a nurse is often able to care for a case of minor illness and thus save the expense of a visit by a physician.

Wherever an agency is using a clinic outside its own organization, especially where it is using more than one clinic, it seems desirable from the standpoint of maximum cooperation that contacts between the clinics and the agency be made through a trained nurse wherever this is possible without too great a sacrifice of her time. The training of a nurse is particularly valuable in making contacts with physicians and other nurses and in adjusting the procedure of the agency to the routine of the clinic; it enables her to assist in the expeditious handling of children during examinations and to receive technical instructions from physicians and interpret them to foster mothers and to other workers. This is, of course, not possible where the nurse is expected to accompany children to and from the clinics, but only when their transportation can be arranged otherwise.

Medical supervision.

Four of the 10 agencies carried on medical supervision through clinics organized and financed by themselves for the examination and treatment of their children. The Boston Children's Aid Society and the Church Home Society maintained the preventive clinic of the Boston Dispensary under the direction of Dr. Maynard Ladd, with a woman full-time assistant physician, a social worker, and a clerk. Doctor Ladd acted as medical director of the societies and assumed the entire responsibility for their medical supervision. The Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania, together with the Society for Prevention of Cruelty to Children of Pennsylvania, supported the associated medical clinic of the department of prevention of disease of the Children's Hospital; Dr. Horace H. Jenks acted as director of the clinic and medical director of the cooperating societies. He was assisted by a woman full-time assistant physician. The staff included a clinic nurse and an office force.[3a]

Outside of Philadelphia the Children's Aid Society depended for the medical care of its children upon the clinical services of various communities and the services of private physicians, returning to Philadelphia those in need of special treatment. The Children's Mission to Children of Boston employed the part-time service of a

[3a] Since the time of the study a man part-time physician has been added to the staff of the clinic.

physician for the examination of children coming into care, for which they paid a lump sum yearly. The Children's Mission received many applications from hospitals to place in foster homes children who were to remain under the supervision of the hospitals. Whenever a question arose as to the advisability of accepting these cases for care the decision was made by the two medical members of the board of trustees. (See p. 108.)

The Michigan Children's Aid Society paid a physician at St. Joseph for part-time service to examine children coming into care, and to give medical supervision to children in the receiving home. In the Detroit branch in connection with the Detroit Children's Aid Society a pediatrist held weekly clinics for the examination and supervision of infants, being paid for each clinic period. The physician was available for consultation upon all medical problems which arose in connection with the work of the two societies in Detroit. For examination and supervision of children elsewhere than in St. Joseph and Detroit the Michigan Children's Aid Society depended upon the clinical resources of the communities and the services of private physicians.

The agencies in St. Louis and Chicago, and the Society of St. Vincent de Paul of Detroit received without expense the advice and assistance of the physicians serving in the clinics in which their children were examined.

Mental examinations and child study.

The Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania supported jointly a child-study department which gave psychometric tests and made personality studies of children (see pp. 121, 132). The Church Home Society of Massachusetts employed its own psychiatrist upon a part-time basis for routine mental examinations of all children of suitable age coming into care.

The other agencies depended for mental examinations upon whatever service was available. In Boston and Detroit children who had been received through commitment by the juvenile court had usually been examined by psychiatrists. Wherever a child-placing agency was dependent for mental examinations upon outside agencies it was impossible to examine all the children who needed such examination.

Clinic organization.

The organization of the clinics used by the various societies for the examination and treatment of their children has been described with the work of the individual societies. (See pp. 100, 124, 132, 148, 155, 163, 171.) As will be seen by these descriptions the clinics varied in their organization and in the detail of routine.

Agencies that sent children to the preventive clinic and the associated medical clinic, which had permanent staffs, were assured standardization of service, which was one of the chief advantages of a clinic organized exclusively for the use of child-caring agencies.

Clinic service was standardized also for the St. Louis Children's Aid Society which sent its children to be examined in the pediatric department of the Washington University Hospital, where the head of the department, his associate, and several other clinicians were in constant attendance, and for the Jewish Home-Finding Society which

had continuous service in the child-examining clinic of the Michael Reese Dispensary by a physician engaged and paid by the dispensary. Standardization of service was possible for all those agencies which employed the same physicians regularly for the examination of their children. It was not possible for a society obliged to use a large clinic with a changing personnel, where the child was not always seen by the same physician. When general clinics were used, an effort was made by the workers to return children to the clinic upon days when they could be seen by the physicians who originally examined them. For example the child-caring department of the Society of St. Vincent de Paul used an infant-welfare station attended always by the same physician for the supervision of its small infants, and the pediatric clinic of St. Mary's out-patient department for older children sending them upon the same days each week.

Whenever an agency was able through its own resources or through cooperation with other agencies to provide its own medical staff, it was able to present to the examiner all phases of a child's problem in a degree not possible when he passed through a large general clinic merely as one patient among many others.

To get the maximum cooperation it is necessary that the agencies using general clinics gain the interest of the examining physicians in their children, not only as medical problems, but as individuals for whom the present treatment and adjustment are of the most vital importance in determining the future happiness and usefulness of their lives.

All child-placing agencies, especially those called upon to care for numbers of children presenting problems of health and behavior, feel the need of the advice and professional backing of a physician who is especially interested in their problems and who is acquainted with their resources and limitations and takes these factors into consideration in the recommendations for the conduct of a case.

In the preventive clinic of the Boston Dispensary and in the Associated Medical Clinic of Philadelphia, the clinic director acted as medical director of the cooperating societies; entire responsibility for their medical work was centralized in him. The medical director was called upon to decide as to the advisability of accepting cases in which a problem of health or mentality was involved. He was responsible for the actual medical treatment of children while in care, he recommended the type of foster home best suited to a child's particular need, and he decided the length of time a child should remain in care in order to get the best results of treatment. All questions in which the professional advice of a physician was needed were referred to him for decision.

In this connection should be mentioned the unusual degree of cooperation received by the St. Louis Children's Aid Society from the head of the department of pediatrics of the Washington University Dispensary, who solely because of his interest in the work of the society and in solving its problems acted virtually as the medical director of the society.

There is sometimes a tendency on the part of workers to question the decisions and recommendations of a medical examiner. When medical decisions are questioned a division of responsibility results, the worker takes responsibility which she is not well qualified to assume, and a let-down results in the medical work of the agency.

To avoid this situation the agency should obtain the best medical service available and accept the recommendations without reservation.

ROUTINE HEALTH EXAMINATIONS

Children examined and time of examination.

All the agencies had all children coming into permanent care given physical examinations. Eight had all children examined irrespective of the length of time they were to remain. Two, however, did not have children examined if they were to be in care but a week or two and if they had been examined by a physician before acceptance.

The procedure in having children examined differed in the various agencies.

The children of the Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania were examined in the associated medical clinic. The children's bureau had all children examined in the clinic as early as possible in the investigation, and the children's aid society children were examined upon the day they came into care; but the children accepted by both societies were examined upon the day of placement irrespective of how recently they had been examined by the clinic or court physicians.

Examination of a child upon the day he was placed in a foster home, irrespective of previous examinations, proved most satisfactory. At the associated medical clinic the routine followed included examinations of all children upon the day of replacement also, irrespective of the condition of health, the examination of all children following discharge from hospitals, and examination of all children upon the day of discharge from care.

Temporary care during period of examination and treatment.

None of the agencies, except the Michigan Children's Aid Society, used a receiving home for the temporary care of children during the period of medical examination and treatment; they placed chidren immediately in boarding homes. Agencies that received problem children had the physical and mental examinations made previous to acceptance whenever possible and the child was placed at once in a boarding home in which it was hoped to have him remain.

That by careful investigation and close supervision boarding homes can be developed which are prepared to receive at short notice all types of problem children and to give them skilled and careful attention has been demonstrated by societies such as the Boston Children's Aid Society, which in emergencies is called upon to place all types of problem children in its subsidized homes; by the Children's Aid Society of Pennsylvania, which receives its large intake in temporary boarding homes; and by the Children's Bureau of Philadelphia, which accepts many delicate infants and children who have health problems for care in its semihospital homes.

The use by the Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania of boarding homes instead of the temporary shelter which was used by these societies for a number of years had been followed by the elimination of scabies, except for the few children who had it when admitted, and a marked decrease in the incidence of contagious disease.

From the standpoint of safeguarding the physical and mental health of children receiving homes present several distinct disadvantages as compared to boarding homes. Among these are the frequent incidence of contagious disease on account of the exposure of numbers of children, the resulting quarantine, and the close association of normal children with difficult or perhaps defective children, with bad sex habits or other undesirable traits.

Besides, a worker who can return a child to a receiving home if he has not done well in a foster home, is sometimes tempted to do so rather than try to adjust him to a new foster home, so that unless the utmost care is used a receiving home may become filled with difficult or defective children who have proved troublesome in foster homes.

The comparative per capita cost for children maintained in receiving homes and in boarding homes does not properly enter into this discussion, which is not a study of the cheapest way of caring for children. Definite figures as to the cost of maintaining children in receiving homes are not available for purposes of comparison, but information from various sources seems to show that the cost of the receiving-home plan is usually considerably higher than the cost of the boarding-home plan.

Scope of physical examination and clinic procedure.

Six agencies arranged for gynecological examinations by women physicians. At the Associated Medical Clinic of Philadelphia and the preventive clinic of the Boston Dispensary the gynecological examinations were made by the assistant physician except that at the preventive clinic court cases were examined by a woman experienced in court work. This woman physician appeared in court when necessary so that the work of the clinic physician was not interrupted.

The St. Louis Children's Aid Society and the Children's Mission to Children obtained the services of women physicians for gynecological examinations, and in addition the Children's Mission frequently employed women physicians for routine physical examination of older girls. In the children's examining clinic of the Michael Reese Dispensary routine vaginal smears were made by the clinic nurse. In the associated medical clinic all boys over 12 as well as infants under 3 were examined by the medical director, and at the preventive clinic adolescent boys were examined by the resident physician (a man) of the Boston Dispensary.

In both the associated medical clinic and the preventive clinic small children of both sexes and older girls were examined by a woman physician. Examination of older girls by a woman physician was found to be a desirable arrangement, as by her sympathetic understanding she was able to gain the confidence and cooperation of these girls in a degree most helpful in the solution of their problems.

As the thoroughness of the physical examination and the emphasis placed upon its various phases vary with the training and interest of the examiner, routine examinations can be standardized only when they are made by a permanent staff. It is obvious that more time and attention can be given to children who are examined in clinics devoted entirely to their interests by physicians engaged primarily

for that purpose, than to children who must take their turn with other children in a large general clinic.

Because of the pressure of work, routine testing of vision and hearing was not possible in the general clinics, and only children with obvious defects were referred to the special departments for examination. Where testing of hearing and vision was not a part of the routine, the agencies relied upon school medical inspection to find any defects in children who had not been examined in the clinic.

Pulse and temperature were taken as part of the routine in all clinics except one where they were taken only if there appeared to be some special reason for it.

Height and weight were taken as part of all clinic examinations except in one clinic where children were weighed but their height not measured. Tables of average weight and height measurements at various ages were used for the purpose of finding whether children were overweight or underweight.

Routine examinations did not include any laboratory work except in the children's examining clinic of the Michael Reese Hospital, where throat cultures, urinalyses, and vaginal smears were made as part of the routine examination, and the Children's Mission to Children which had vaginal smears made of all girls coming into care.

In the Associated Medical Clinic of Philadelphia a blood count was made for every child 10 per cent or more underweight and also for every child who appeared to be suffering from anemia. At the children's examining clinic of the Michael Reese Dispensary all children 7 per cent or more underweight were referred to the nutrition clinic of the dispensary for special feeding instructions and observation. At the pediatric clinic of the out-patient department of Harper Hospital the children of the Detroit Children's Aid Society were weighed and measured by the dietitian of the dispensary, who took charge of all undernourished children.

In Michigan a regulation of the State welfare commission required that every child released by a court to a child-caring or child-placing agency should have a Wassermann blood test made at the laboratory of the State department of health at Lansing, at the time of admission.

At the time of this study none of the agencies was having a Wassermann blood test for syphilis made as part of the routine examination for all children coming into care. The question of the desirability of making this test a part of the routine physical examination remains unsettled.

The policy of the Associated Medical Clinic of Philadelphia and the preventive clinic of the Boston Dispensary has been to perform this test only in selected cases, the percentage of positive reactions being so small (only about 2 per cent in selected cases in the associated medical clinic) that it was considered inadvisable to subject all children to the strain of a Wassermann test as part of the routine of a first examination, on account of the danger of frightening the child and of losing further contact with him.

Except in the Boston and Philadelphia clinics the weight of medical opinion was in favor of a Wassermann test for all children, but because of the large numbers of children to be examined it had not been possible to make it part of the routine procedure of any clinic.

The children's examining clinic of the Michael Reese Dispensary was arranging to provide this service for the Jewish Home-Finding Society of Chicago at an early date.

In general, Wassermann tests were given to the following classes of children:

1. Children showing clinical evidence or suspicious signs of congenital or acquired syphilis.
2. Children who were mentally defective, or who required psychiatric study.
3. Children who had a suspicious sex history or whose parents had been sexually promiscuous.
4. Children offered for adoption.
5. Children who were to be admitted to certain child-caring institutions which required the test as a preliminary to acceptance.

The Society of St. Vincent de Paul of Detroit obtained special permission from the parents before having a Wassermann test performed.

At the time of this study the Schick test, to determine a child's immunity to diphtheria, had not been used by any society as a part of the routine examination.

The Associated Medical Clinic of Philadelphia was performing the Schick test and giving toxin-antitoxin to children from the children's aid society and the children's bureau as a routine. Children under 6 years of age were immunized and later tested. Children over 6 years were given the Schick test and then immunized and were tested again six months later if they were still under care.

The preventive clinic of the Boston Dispensary had begun to administer toxin-antitoxin to all children of preschool age, expecting to give a Schick test six months later to determine whether immunity to diphtheria had been established. Schick tests were to be given to all children of school age who were not in the Boston public schools.

Special permission was obtained from each child's parents before the procedure was carried out.

Report of physical examination.

All the agencies but one used a standard form for recording the results of the initial physical examination. With one exception all of these forms gave a printed outline with various headings to be filled in by the examining physician. One clinic used a form upon which was recorded only the positive findings of the examination.

By the use of a regular printed outline to be followed in making a physical examination, a guide to the scope of the examination desired was given to physicians examining children outside the clinics, and though frequently items might be merely checked off without comment, the headings served to prevent the overlooking of any essential points in recording the examination.

When children were examined in large clinics, usually it was not possible to have the agency's blank filled out by the examining

physician, and the blank was filled out by the agency's nurse or social worker from the clinic record or by the social worker of the clinic.

It is important that a complete and accurate family history and previous medical history of the child be obtained before he is presented for a medical examination. All the agencies except those using the associated medical clinic and the preventive clinic provided a more or less adequate space for the recording of this information upon their physical-examination blanks, and the visitors who accompanied the child to the clinic gave the examining physician supplementary information when possible. In some of the agencies the parents or other relatives were asked to bring the children for the first examination if this could be arranged.

The associated medical clinic and preventive clinic each used a special form for recording the family history and the previous medical history. These forms contained information which the physician considered essential in making a first examination and were filled in and given to the physician when the child was presented for examination. Following are the forms used by the preventive clinic:

BOSTON DISPENSARY PREVENTIVE CLINIC

No. _____
Date _____

Name _____
Age _____
Agency _____
Clinical history _____

PHYSICAL EXAMINATION

Temperature _____ Pulse _____ Respiration _____

Weight _____
Height _____
Appearance _____
Posture _____
Skin _____
Head _____
Face _____
Eyes _____
Ears _____
Lymph nodes _____
Pharnyx _____
Nose _____
Tonsils _____
Adenoids _____
Tongue _____
Teeth _____
Genitals and rectum _____
Extremities _____

Normal weight _____
Normal height _____
Deformities _____
Heart _____
Lungs _____
Abdomen _____
Special examinations:
Vaccination _____
Wassermann _____
Von Pirquet _____
Urine _____
Smears _____
Blood count _____
X ray _____
Diagnosis _____
Recommendations _____
Examining physician _____
Additional data _____

THE BOSTON DISPENSARY PREVENTIVE CLINIC

Number _____

Society _____
Date _____ Birth date _____ Age _____
Birthplace _____
Name _____

Family data

	Name	Age	Nativity	Occupation	Health	Wages
Father						
Mother						
Brothers						
Sisters						
Children (of unmarried mothers)						

Parents married__ Pregnancies_____ Miscarriages_____ Stillbirths_____

Illnesses (parents and other relatives)

Alcoholism_____
Bleeder_____
Cancer_____
Diabetes_____
Feeble-mindedness_____
Heart disease_____
Insanity_____
Rheumatism_____
Epilepsy_____
Tuberculosis_____
Syphilis_____
Wassermann_____

PATIENT

Birth and infancy:
- Full-term_____
- Premature_____
- Labor—
  - Normal_____
  - Prolonged_____
  - Cesarean_____
  - Breech_____
  - Forceps_____

Previous treatment:
- Local doctor_____
- Institution_____
- Hospital_____

Previous treatment—Continued
- Vaccination date_____
- Wassermann date_____
- Von Pirquet date_____
- Other tests, date_____

Birth weight_____
Abnormalities at birth_____
Breast fed:
- How long_____
- Wholly_____
- Partly_____
- Why weaned_____

PREVIOUS ILLNESSES (GIVE DATES)

Chicken-pox_____
Diphtheria_____
Measles_____
Mumps_____
Scarlet fever_____
Pneumonia_____
Whooping cough_____
Colds_____
Bronchitis_____
Sore throats_____
Rheumatic fever_____
Heart trouble_____
Chorea_____
Gonorrhea_____
Convulsions_____
Typhoid_____
Meningitis_____
Syphilis_____
Tuberculosis_____
Infantile paralysis_____
Accidents and operations_____

GENERAL HEALTH AND HABITS

Appetite_____
Sleep_____
Bowels_____
Vomiting_____
Mouth breathing_____
Snoring_____
Headsweats_____
Earache_____
Menstruation_____
- When established_____
- Regular_____
- Date last period_____

Headaches_____
Psychopathic traits_____
Sexual_____
Lying_____
Stealing_____
Enuresis_____
Other habits_____
Present diet_____
Gaining weight_____
Present symptoms_____

Are there any restrictions pertaining to medical examination, diagnosis and treatment?_____
To whom shall message be sent in case of emergency?_____
Has ether permit been obtained for any operation the physician thinks best to perform?_____
Has permission been obtained for removal of patient to a contagious hospital in case of contagious disease?_____
Worker responsible?_____
Brief social summary and plan (reason for admission, disposition of other members of family, home conditions, etc.)_____

It is desirable that every worker should be impressed with the importance to the physician of a complete and accurate history, and should recognize her responsibility to supply this information if it is obtainable. When a physician is asked to examine a child with an inadequately recorded history he may well feel that the agency has not carried out an important part of its work.

MENTAL EXAMINATION

That the value of giving a mental examination to every child of suitable age was appreciated was demonstrated by the fact that all the executives but one expressed themselves in favor of a routine mental examination for every child coming into care. One executive did not believe it necessary to examine every child but desired a paid psychiatric service for the study of problem children. One agency with facilities for routine psychological examinations had not had them given to every child.

In practice routine mental examinations were given only by those societies which paid for this service.

Agencies dependent upon outside agencies or volunteer service were restricted in their work, and all these were engaged with plans by which their service might be extended. Not only was the question of getting adequate service complicated by the expense involved but also by the difficulty of finding persons qualified by training and experience to examine and study problem children. One of the valuable contributions of the demonstration clinics conducted by the division of the prevention of delinquency of the National Committee for Mental Hygiene is the training of psychiatrists and psychologists in approved methods of examination and treatment of problem children.[4]

Value of mental tests.

Psychological examinations by means of standardized tests are of value in measuring a child's intellectual development (expressed in terms of mental age) and in establishing his special abilities and disabilities. Because of the fact that a mental age or intelligence quotient when considered apart from the important factors of personality and special abilities and disabilities may be misinterpreted to the disadvantage of a child, at least one psychiatric clinic examining children for the child-caring societies did not report a mental age or intelligence quotient for children examined.

For a child with personality difficulties, one who does not get along well with others or who presents definite conduct problems

[4]Anderson, V. V.: A Discussion of the First Demonstration Clinic Conducted by the Division of Prevention of Delinquency of the National Committee for Mental Hygiene. (Mimeographed.)

such as truancy, lying, stealing, or sex delinquencies, a more intensive examination by a psychiatrist should be given with an interpretation of all the factors entering into his problem, including social history, physical findings, intellectual development, and inadequacies of personality.

It is unreasonable to expect that a mental examination of itself will serve as a cure for all problems of difficult children. Some workers forget that the purpose of the examination is to interpret the child and his problems and to recommend a plan of treatment, leaving much hard and painstaking work ahead of the worker in carrying out the treatment.

On the other hand some workers tend to minimize the value of the help which may be given by the psychiatrist and to view with skepticism the recommendations made by him. However, this attitude does not prevail among the more experienced and highly trained workers.

Children examined.

In cities where psychiatric clinics were working in close connection with the juvenile courts,[5] children coming into the care of agencies from the courts had been examined usually, and the agencies had been able to have some children examined in these clinics beside those who had been before the court.

Through the clinics many of the most difficult children coming to the agencies from the courts had been examined, but unless the mental examination was to be made the basis of acceptance, the usual procedure had been to have children received from sources other than the court examined only after a period of observation in the foster home (except for those agencies which had routine mental examinations). Usually, decisions as to which children were to be examined were made by the supervisor of placing out, and frequently it was a question of selecting only the most urgent cases on account of the lack of facilities for having children examined.

Children selected for mental examination were of the following classes: 1. Children referred by physicians from the examining clinics; 2. children showing marked school retardation; 3. children presenting behavior problems; 4. children with mentally defective or psychopathic parents; 5. children offered for adoption; 6. children of exceptional ability.

Several of the agencies did not have children examined mentally as part of the routine preliminary to adoption, believing that where the child had been under close observation during the preadoption period of one to two years, a mental examination was not necessary. On the other hand, a preliminary mental examination of all children offered for adoption would establish at once the unsuitability of certain children for adoption. Wherever possible agencies which accepted infants for adoption had mental examinations given to the mothers.

Report of mental examination.

An adequate account of the important facts of the child's heredity and developmental history is essential for all children who are to be

[5] Wayne County Psychopathic Clinic, Detroit; Judge Baker Foundation, Boston; and Institute for Juvenile Research, Chicago.

examined mentally. In order that no important details might be omitted many of the clinics examining children for the child-placing agencies asked that the child's history be summarized according to an outline furnished by the clinic, and this summary was presented with the child at the time of examination.

The case summaries varied in detail, but all covered the essential facts of the child's heredity and family history, home and family background, physical history, habits, personality, and school history, together with reports of previous mental and physical examinations and a statement of the child's problem from the agency's standpoint.

With but one exception the psychiatrists who examined children for the various agencies reported the results of the examinations in writing. These reports varied from brief and informal notes giving the mental age and intelligence quotient, suggested diagnosis, and some recommendations as to treatment, to full and comprehensive reports, summarizing the case and covering the diagnosis, etiology, prognosis, and treatment.

In addition to studying the written report which the examiner submitted to the agency it was usually possible for the worker on a case to discuss it with the examiner.

The psychiatrist of the Church Home Society of Boston furnished a summary of each case examined by her for the records of the preventive clinic; and the Associated Medical Clinic of Philadelphia was provided with a report of each case examined by the child-study department of the Children's Aid Society of Pennsylvania and the Children's Bureau of Philadelphia.

If the examiner desired to study a case further, a date was usually set, upon which the society was asked either to furnish a report of the child's progress or to return the child.

The psychiatrist of the Church Home Society was freely accessible to the workers of the society for consultation, and the director of the child-study department and her assistant were always available for consultation by the workers of the Children's Bureau of Philadelphia and the Children's Aid Society of Pennsylvania.

CORRECTIVE WORK AND SPECIAL TREATMENT

After the initial physical examination the treatment of every child who needed corrective work or special treatment became the responsibility of the agency, whether the examination had been made as part of the investigation or after the child had been taken into care. If the child had been given an examination as a preliminary to acceptance, whenever possible treatment was begun and corrective operations carried out while he remained in his old situation. A number of agencies accepted children and if necessary placed them in hospitals until they were ready for placement in a foster home, and also placed babies presenting special feeding problems in hospitals until their feeding was adjusted. Ordinarily children were placed immediately in foster homes, and then they were taken to the dispensary for treatment as often as necessary by the worker or foster mother, but the children of the Michigan Children's Aid Society who came into permanent care in Lansing or St. Joseph were kept in receiving homes and if necessary treated while there.

Clinical and hospital facilities.

Where the clinic in which children were examined was a part of a large general dispensary, as in the case of the preventive clinic of the Boston Dispensary, or when children were examined in the pediatric clinic of a large dispensary, as in the Washington University Dispensary of St. Louis, the various special clinics of these dispensaries, such as the eye, nose, and throat, were available for special examinations and treatments.

This insured closer coordination of the medical work than is possible if an outside dispensary must be consulted, and also saves much time for the worker, who is responsible for seeing that the child is treated. At the preventive clinic in Boston the workers of the Boston Children's Aid Society and the Church Home Society were responsible only for getting the children to the clinic and home again, the clinic workers accompanying the children to the various special clinics and departments, saving much time to the agency's workers.

A clinical affiliation with the dispensary of a general hospital also facilitates the hospitalization of children, whether for corrective operations or for other surgical or medical treatment.

The associated medical clinic included as part of its regular staff, on a part-time basis, an oculist, a pathologist, a dentist, and a surgical consultant, to whom children were referred from the clinic for examination and treatment. Children who required other kinds of special service were referred to the clinics of the Children's Hospital or to other hospitals of the city.

The agencies with hospital affiliations were able to obtain hospital treatment for their children without cost, or by the payment of nominal rates, and those societies which entered children wherever there was a vacancy usually could have the use of free beds or could arrange to pay the hospital the same rate which they received from the parents for the child's care.

The preventive clinic was charged a nominal daily rate for all children treated in the hospital of the Boston Dispensary, which also made a small fixed charge for tonsil and adenoid operations.

In Detroit children with legal residence could be hospitalized at the expense of the city.

Dental work.—Dental treatment was given in the clinics of dental colleges, where the work was done by students under the supervision of instructors, in clinics conducted by departments of health and boards of education, in the dental departments of the dispensaries in which the children were examined, and in the offices of private dentists, their services being either free or part paid.

The Detroit Children's Aid Society provided an office and equipment in its own building, and the city department of health supplied a dentist one-half day a week, who gave the routine dental examinations for the society.

In St. Joseph, Mich., a number of private dentists did volunteer work for the Michigan Children's Aid Society, in rotating service, each serving for a month at a time.

The associated medical clinic employed its own dentist on a part-time basis, the work being done in the clinic building.

The preventive clinic of the Boston Dispensary paid part of the salary of the head of the dental clinic of the dispensary, and was allotted four appointments daily.

Although a number of the agencies received satisfactory service through the various programs which provided dental treatment for their children practically without cost, the service was not always adequate to meet their full requirements. Only when children could be referred by the examining clinic directly to the dental clinic was maximum service possible, and only when physical reexaminations were a matter of routine was a systematic reexamination of the teeth by a physician or dentist assured, although several of the agencies which did not have routine reexaminations sent their children to a dental clinic at more or less regular intervals.

The experience of the agencies using clinics in which the work was done by dental students shows that this service was not uniformly satisfactory, and that it was not always as inexpensive as it seemed, when the time of the workers attending with the children was considered, additional time being required because of the slowness of the work and the frequent returns of the children for inspection and replacement of fillings.

Enuresis.—Many children with enuresis were brought into the examining clinics for treatment. As a rule these cases were rather discouraging to the physician as well as to the social workers.

These children were examined carefully to determine whether there was any underlying physical cause for the trouble, and whenever such a cause was found it was eliminated as far as possible by appropriate treatment.

When no physical cause could be discovered, the best results were obtained by not allowing the child to drink any liquids after 4 p. m., and getting him up at night at regular intervals, when this could be done through the cooperation of the foster mother. Drugs were used, often as much for their effect through suggestion as for their therapeutic value. In several of the clinics gland preparations were used in the treatment of these cases, but the number of cases so treated was small and the results inconclusive.

All successful methods of treatment were based upon gaining the confidence and cooperation of the child.

In Boston habit clinics conducted for preschool children by the Massachusetts Department of Mental Disease, under the direction of Dr. Douglas A. Thom, had reported gratifying results in the treatment of cases of enuresis, and these clinics were available for the treatment of children of the Boston agencies.[6]

Carrying out of recommendations.

Recommendations made by the examining clinics or physicians as to treatment or corrective operations were carried out in practically all cases by a majority of the agencies. When this was not done it was not because of lack of medical facilities. Two agencies which experienced the most difficulty in carrying out treatment and corrections for their children had ample medical facilities for having the work done. The refusal by parents of consent to corrective oper-

[6] See Habit Clinics for the Child of Preschool Age, by D. A. Thom, M. D. (U. S. Children's Bureau Publication No. 135, Washington, 1924); and Enuresis (Leaflet No. 7, Division of Mental Hygiene, Massachusetts Department of Mental Diseases, Boston).

ations and the early discharge of children from care were two of the main factors which interfered with the carrying out of treatment in all cases.

The refusal of parental consent to operations was met with more frequently by those agencies which worked largely with foreign-born parents, who, because of their ignorance of American institutions, were suspicious of hospitals and fearful of operations. If an operation was imperative and consent was withheld by the parents, it was the policy of all the agencies but one to seek court action, in order that the operation might be performed.

Three of the agencies obtained from the parents signed permission for hospitalization or operative treatment for a child when accepting him for care, and regarded this as sufficient authority for any ordinary surgical procedure. The Jewish Home-Finding Society had the parents sign an authorization for medical, dental, and surgical treatment at the time of acceptance, but in addition asked for special written permission for any operation requiring an anesthetic. The policy of other agencies was to ask for signed permission for any specific operation as the occasion arose.

Usually parents who wished to have their children cared for were willing to grant permission for any necessary medical or surgical treatment, and it was found most satisfactory to have an agreement to this effect signed as a matter of routine when accepting the child, so that treatment of all kinds might be obtained for him. It was, however, not always advisable to insist on permission for surgical treatment at once, especially with foreign-born parents, who might prefer to make other arrangements for the care of their children rather than consent to an operation, even at a sacrifice of the best interests of the children. Several of the agencies that made many temporary placements found it impossible because of lack of time always to make corrections or to complete treatment before a child was discharged from care. However, except when permission was refused and the recommendations of the examining physician were not carried out, usually any failure was caused by a shortage of workers to attend to the carrying out of the treatment prescribed.

It was the practice of the majority of the agencies when returning a child to his parents before treatment had been completed to put the family in contact with the clinic where he had been treated, so that the treatment might be carried on without interruption, and where a child had been treated in a large dispensary for any serious condition the case was usually followed up by the social-service department of the dispensary.

The Detroit Children's Aid Society had a successful method of follow-up by which any child discharged from the child-caring department before completion of medical treatment was reported back to the worker with whom the case originated, who kept in touch with him until the medical work had been completed, when the case was finally closed.

The recommendations of the examining physicians as to the placement of children presenting health problems were carried out by the agencies in almost every instance, higher rates of board being paid when necessary in order to obtain homes of the type recommended.

Occasionally a worker might decide that a recommendation made by the physician or the psychiatrist was not essential and would not carry it out, but usually every effort was made to investigate and develop homes approximating as nearly as possible the requirements made by the examiner, the workers often showing unusual interest and resourcefulness in developing homes for these difficult children. When this was not done it was usually because of a shortage of workers and not because of lack of interest on the part of the workers.

HEALTH STANDARDS FOR FOSTER HOMES

The selection of foster homes is primarily a social problem, but nowhere in the work of child placing are the medical and the social factors of the case so closely related, and nowhere is closer cooperation required between social worker and physician than in the selection of the proper home for the individual child, for unless the child is placed in a home which meets his particular needs, both as to physical care and sympathetic understanding, much of the benefit derived from careful medical supervision will be lost.

This fact was accepted generally by the child-placing agencies, and every effort was made by them to place children in accordance with the recommendations of the examining physician and the psychiatrist; and when homes approximating the requirements made by the examiners were not available efforts were made to develop such homes. Frequently extra rates of board were paid for the care of children presenting problems of health and behavior, in order that these children might be placed in accordance with the recommendations of the examining physicians.

The success of a society in developing suitable foster homes for its problem children depended primarily upon three factors:

1. An adequate staff for the department of home finding, so that sufficient time might be devoted to the development of these homes.
2. Professional training of the workers to whom this work was intrusted, which presupposes a knowledge of and insistence upon definite and accepted standards as applied to foster homes in regard to sanitation, physical equipment, and other conditions affecting the hygiene and physical care of the child.
3. The payment of rates of board sufficiently liberal to enable the society to obtain the special care and attention necessary for problem cases.

To safeguard the mental and physical health of a child it is necessary that frequent changes of foster homes due to superficial investigation be avoided, and it is desirable that money be expended for adequate and trained service in developing homes where children may be placed with a fair assurance of permanency.

The purely sectarian societies used only foster homes of their religious affiliation, a practice which limited them in their selection of homes for problem children. The Jewish Home-Finding Society, however, although it placed all older children in Jewish homes, recognized the importance of the rôle of the foster mother in the care of infants, and used the best homes available in placing them irrespective of the religion of the foster parents.

All the agencies studied paid higher rates when necessary to obtain special care and attention for problem children. One agency paid $10 a week for the care of delicate infants in semihospital homes. This agency had paid, upon occasions, $12 a week for delicate infants, which was the maximum rate paid by any society for any type of foster-home care. A maximum of $10 a week was paid by several agencies for the care of posthospital cases, blind and epileptic children, and a few difficult behavior problems.

The St. Louis Children's Aid Society was particularly successful not only in finding excellent homes for the care of the most difficult health problems but in engaging these homes at a moderate rate.

Physical equipment of the home.

The physical standards for the foster homes varied with the different agencies. The agencies that cared for infants in boarding homes usually had different standards for infant homes and homes for older children. For older children detached houses somewhat outside the city with yards or provision for outdoor play, or country placements, were preferred, whereas infants might be placed in the city, provided there was a porch upon which the child might be aired, in order to facilitate the closer health supervision required for these younger children. It was the policy of some of the societies to supplement the equipment of infant homes, when necessary, with cribs, baby carriages, and go-carts, and five of the societies supplied a complete equipment of bottles for the daily feeding of infants. Infants were never placed in the country, or in homes where close supervision was not possible.

Six of the agencies required separate beds for their children, and older children were not permitted to sleep in the room with the foster parents. Three of the agencies required that their children should occupy separate rooms, if possible. If a separate bed was prescribed the agency provided the beds whenever necessary.

In placing special health cases or behavior problems the agencies followed as closely as possible the recommendations of the examining clinic, such as country homes for anemic or undernourished children, no stairs for heart cases, and separate rooms for chorea cases.

Several of the agencies made specific requirements as to the amount of milk the child should receive as part of his daily diet.

The limiting of the number of children in a foster home had an important bearing upon their health. Each additional child adds to the danger of introducing contagious disease into the home, and individual or almost individual care is essential if a child is to overcome those handicaps to health and happiness with which the dependent child usually has started. Six of the agencies did not place more than two unrelated children in the same home, except for treatment or in an emergency. Unless there was some special reason for doing otherwise one child in a home was preferred. This was true particularly in the case of infants, and only where the foster mother was exceptionally efficient did the agencies place more than one infant in a home.

It was usually necessary to subsidize homes prepared to give professional nursing care or other types of special service in order

that the use of these homes might be limited to children of the society.

Health of the foster family.

The investigation of the health of the foster family depended largely upon the time devoted to the investigation of a home and upon the training of the worker. Four of the agencies stressed this side of the foster-home investigation, and in addition to getting all information obtainable from the family and through interviews with all persons given by the family as references and with other persons three of the agencies interviewed the family physician and obtained from him a statement as to whether the condition of health of any member of the family was such as to make the home unsafe. Special emphasis was placed upon the nervous stability of the foster mother. Hospital residence or dispensary attendance of any member of the family was investigated and careful inquiry was made in regard to any recent illness or cause of death of any member of the family.

Other agencies wrote to the family physician or requested him to fill out a blank form, and if a question arose in regard to the health of the family interviewed him personally or by telephone. It would appear, however, that several of the agencies did not give to this phase of the investigation of the foster homes the attention which its importance demands.

Instructions to foster mothers.

Foster mothers were instructed in regard to matters of general hygiene and the physical care of children by the visitors (trained nurses or social workers) engaged in the supervision of children, and it was the responsibility of the supervisors of the department of child placing in each agency to see that a visitor was thoroughly acquainted with the physical condition and special needs of every child in her care.

Where special health or behavior problems were involved the visitors received specific instructions from the examining physician or psychiatrist, and transmitted them to the foster mothers. A number of the agencies encouraged foster mothers who were caring for infants or delicate children to come to the clinic and meet the physicians, and talk with them directly about the health problems of the children in their charge. When children had been referred to a nutrition clinic and a special diet had been prescribed foster mothers were asked to attend the clinic for instruction in the preparation of special articles of food.

It was felt by the agencies using the preventive clinic and the associated medical clinic that the educational value to the foster mothers of these contacts with the physicians of the clinic was one of the distinct contributions made by the clinic to the work.

Wherever trained nurses were employed in the supervision of infants all instructions in regard to their care and feeding were given by them to the foster mothers; a copy of the infant's food formula was provided, the preparation of its food demonstrated, and full directions were given regarding all points of the infant's care. In addition to the verbal instructions by the nurses printed directions as to the care of infants and small children and the diets proper for children of various ages were given to the foster mothers. Each

agency used the printed material issued by the clinic in which its children were examined or material issued by the State or city department of health.

As foster mothers were instructed by the visitors in the physical care and hygiene of older children, including diet, hours of sleep, ventilation of the sleeping room, care of the teeth, it was of the utmost importance that the visitors should have professional training in order that they might be properly equipped to give correct and detailed information on these matters.

Health supervision in the home.

Visits of nurses and social workers.—Health supervision of older children was carried out by the social workers of the various agencies as part of the general supervision of the children, except that the trained nurses employed by the Society of St. Vincent de Paul were responsible for the health supervision of all children in boarding homes. The practice in regard to supervision of children presenting health problems varied. Some of the societies placed such children in charge of trained nurses, whereas others placed only infants under the supervision of nurses and assigned older children to the social visitors, who returned them to the examining clinic for observation as often as necessary.

Three of the six agencies in which this differentiation was made assigned all children under 3 to the nurse, and the other agencies, infants under 2. The agency that did not have a staff nurse did not accept young infants or feeding cases; the two State societies did not have their own trained nurses in their branches; and one agency placed in the hands of trained nurses the supervision of all children in boarding homes.

The frequency of the supervisory visits varied according to the policy of the agency and the number of children assigned to each visitor, but all the agencies that accepted young infants or difficult feeding cases supervised them very closely. These children were visited by the nurses every week or two, and were returned to the examining clinics for medical supervision at frequent intervals (from two weeks to one month).

At the preventive clinic and the associated medical clinic the babies were not returned to the clinic regularly but were visited weekly or biweekly by the nurses, who reported each case in detail to the medical director of the clinic at a weekly conference. From these reports the director made necessary changes of formula and directed the conduct of the case, so that if an infant continued to do well he was not brought to the clinic, and frequently these infants were not seen by the physician for months. If the infant did not do well, the case was immediately reported, and the assistant physician visited the infant in his home.

The importance of close supervision of the children of preschool age was recognized in a number of the agencies and these children were visited frequently, particular attention being paid to their diet, hours of sleep, bathing, and teeth. Problem children (both health and behavior) were visited in accordance with the individual requirements of the case, the supervision of these children being directed by the examining physician.

Two agencies had no fixed policy as to visiting older children who were normal, leaving this matter to the judgment of the visitors,

who were well trained and who were governed in the frequency of their visits by conditions relating to both the child and the home. The other agencies adopted minimum requirements as to the frequency of the visits to older children, in intervals varying from two weeks to three or four months.

Here, again, in the matter of effective health supervision of children in foster homes, the personality and training of the visitor played the major rôle. It is not reasonable to expect that a worker can direct intelligently the proper feeding of a child unless she herself has at least a working knowledge of dietetics, including the food requirements of a growing child. She must know what a child should weigh for his height and age, the number of hours of sleep that he requires, the importance of the care of the teeth, and the many other details of personal hygiene if she is to do really effective work; and this knowledge she acquires through systematic courses of study, by much reading, and through actual experience with children. She must know also something of mental hygiene and of the new psychology, so that she may have an intelligent understanding of the difficulties of children who present behavior problems, and be able to interpret these children to the foster mothers.

Routine reexaminations.—The value of reexamination of children at stated intervals is obvious. It permits the medical examiner to follow the growth and development of a child and to detect promptly signs or symptoms of any serious physical defects. Also, it insures regular and careful reexamination of the teeth, which is important and which otherwise might be neglected.

Unfortunately routine reexaminations for older children were possible only for the societies using clinics operated solely for their use or for those employing their own physicians, as the pressure of work in the pediatric clinics of large dispensaries did not permit their use for reexamination of children who were apparently well.

Emergency treatment.—All the agencies instructed their foster mothers to communicate at once with the office whenever possible in case of a child's illness, and the office then arranged for medical attendance. When this was not possible because of distance or in an emergency, the foster mother was instructed to call a physician immediately and advise the society as soon as possible of the child's illness.

Several of the agencies issued printed instructions to foster mothers in regard to notifying the office and calling a physician in the event of a child's becoming ill, and the Boston Children's Aid Society and the Children's Bureau of Philadelphia gave definite printed directions to foster mothers as to the conditions for which they were to call the nurse for babies in their care.

Each agency provided a nurse if necessary for the care of children seriously ill in a foster home, or obtained household help for the foster mother in order that she might nurse the child herself.

Every agency was invariably responsible for having children treated. In some of the large dispensaries the social-service department arranged appointments in the various departments of the dispensary, and the agency's worker saw that the child was present at the appointed time. The usual method of checking up the dates for return of children to the clinic was for the worker to enter

all return dates in her daybook, or appointment calendar, keeping herself informed in advance of appointments. In several agencies the supervisor also kept a record of these dates.

Wherever children were examined in a clinic of a large dispensary, and special examinations and treatments were given in other departments of the same dispensary, these services were given without cost to the agencies, except for occasional charges for the use of the X ray in diagnosis, salvarsan treatment, special medicines, or when the parents were able to pay dispensary fees.

COOPERATION WITH COMMUNITY HEALTH AGENCIES

The cooperation which the child-caring agencies sought from the health agencies of the community varied with the program of the health work of each society. Those which had examining clinics devoted solely to the purposes of their own work and had their own staff nurses were able to carry on their health work with but little assistance from outside sources. Other societies depended entirely upon infant-welfare stations and the Visiting Nurses' Association for the supervision of their infants and for nursing care for sick children. Agencies that did not call upon these outside agencies for assistance in their supervision of children while in care frequently referred cases to them for follow-up after the discharge of the children.

Four of the agencies used infant-welfare stations for the medical supervision of their infants. These agencies, however, accepted but few younger babies or feeding cases.

The child-caring department of the Society of St. Vincent de Paul used one of the municipal infant-welfare stations for the medical supervision of infants under one year. This society had very few infants under six months of age in care.

The Michigan Children's Aid Society, except in Detroit, Lansing, and St. Joseph, and the Children's Aid Society of Pennsylvania, except in Philadelphia, depended on infant-welfare stations or private physicians and the Visiting Nurses' Association and municipal nurses for the supervision of infants in boarding homes, and also used the Visiting Nurses' Association or municipal nurses for nursing care for older children. The Children's Aid Society of Pennsylvania also called upon the Visiting Nurses' Association in Philadelphia for nursing care for older children.

The Children's Mission to Children in Boston, which occasionally accepted infants, used the infant-welfare stations and the Visiting Nurses' Association for their health supervision, and also called upon the Visiting Nurses' Association for nursing care when such care was required for children in boarding homes.

The policy of the agencies using infant-welfare stations was to use the clinics upon the same days of the week, so that their children might have the attention of the same physicians.

The advantages gained by an agency that uses its own examining and nursing staff are obvious. Among them may be named the centralization of responsibility for medical work, the undivided interest of the staff, and the planning of the work solely in the interests of the agency.

It has already been mentioned that in Detroit the nurses of the Society of St. Vincent de Paul and the Detroit Children's Aid Society were assigned to these societies for full-time service by the Visiting Nurses' Association, an arrangement which has proved eminently satisfactory. This arrangement resulted from the fact that the child-caring department of the Society of St. Vincent de Paul, the Children's Aid Society, and the Visiting Nurses' Association were all members of the Detroit Community Union. The clinical service which the Society of St. Vincent de Paul received without cost from the out-patient department of St. Mary's Hospital and the Detroit Children's Aid Society received without cost from Harper Hospital was made possible by participation of the dispensaries and societies in the Community Union.

The St. Louis Children's Aid Society and the Washington University Dispensary were both members of the St. Louis Community Fund. The Jewish Home-Finding Society of Chicago and the Michael Reese Hospital and Dispensary, which supplied medical supervision for the society, were both members of the Chicago Federated Jewish Charities, so that although the society did not pay for this service, it was financed from the same source as the society.

All the agencies received the cooperation of various hospitals of their communities in providing hospital care for children, without cost or at nominal rates. The Children's Aid Society of St. Louis, the Jewish Home-Finding Society of Chicago and the Society of St. Vincent de Paul of Detroit were particularly fortunate in hospital affiliations which provided for practically all the children of each society who needed care in one hospital. The Boston Dispensary Hospital cared for practically all children of the preventive clinic under 12 years of age requiring hospital treatment and the Children's Hospital of Philadelphia received many children for the associated medical clinic.

The Jewish Home-Finding Society was fortunate in having available for use the Frances Juvenile Home for the treatment of girls of school age with venereal disease (see p. 158). It is to be regretted that there are not more institutions of this character where children with venereal disease who can not be placed in boarding homes may be cared for and treated in favorable surroundings without interruption of schooling. City or county hospitals are usually the only hospitals which will admit venereal cases to their wards.

COORDINATION OF MEDICAL AND SOCIAL WORK

It was possible for those agencies that supported their own examining clinics to get the closest coordination of medical and social work. As these clinics were devoted solely to the purposes of their work, the details of their routine were adapted to the convenience of the society for the purpose of giving maximum service not only in the examination and treatment of children, but in the keeping of records, the forwarding of reports, and the availability of the physicians for consultation by the workers.

Those agencies that carried on their health work through the cooperation of outside medical agencies found it necessary to adapt their work to the routine of the dispensary or hospital used. Under

these circumstances the personality of the worker making contacts in the clinic was an important factor in obtaining the fullest cooperation of the physicians and the social-service workers, an individual with tact and adaptability being given a degree of cooperation not accorded to another not possessing these traits of personality.

Eight of the agencies held staff conferences at stated intervals for the discussion of problem cases, both of health and behavior, but these conferences were not attended by the examining physicians.

In the preventive clinic and the associated medical clinic the physicians always were available for consultation especially to make a decision involving a medical problem, and physicians of the pediatric clinic of the Washington University in St. Louis were accessible to the workers of the St. Louis society. The pediatrist of the Detroit Children's Aid Society acted as medical director of the society and could be called upon at any time to make decisions requiring medical opinion.

One of the most important contributions which an examining clinic has to make to the work of a social agency is its educational and inspirational value to the social worker; not only is her interest stimulated in the health side of her problems, but she is given to feel that she has substantial backing in handling them, through the interest and professional knowledge of the clinic physicians.

HEALTH RECORDS

The coordination of a child's health record with the rest of his history so as to make it available for use by persons not acquainted with the case was a problem which had not been solved successfully by all the agencies. There was no uniformity in the keeping of health records, and no two societies kept their records in exactly the same way. In some instances the form of the reports made by the clinics doing the medical work determined the method used.

When a separate medical sheet was used for the health record this part of the record was not coordinated with the rest of the history, which failed to give a complete picture of the child and the problem which he presented. On the other hand, when health items were incorporated in the child's narrative record, they were usually difficult to find without reading the entire case, and in instances where a worker had been delayed in dictating the record of a case, the latest items did not appear at all, although the worker herself might be entirely familiar with the situation. When red captions were used to denote entries in regard to health in a narrative record, it greatly facilitated the following of these items. It would seem that a medical history can be presented best when the health items are made a part of the narrative record, and are marked with red captions in order that they may be identified easily.

One society kept its records strictly up to date by means of the written reports of visitors, which were filed daily in the case folders until they could be copied into the record.

The agencies in Boston using the preventive clinic referred to all examinations and treatments given at the clinic in the child's running record and in addition filed the reports received from the clinic all together in a small separate folder at the back of the case record, making these reports available in the original form and avoiding

chances of error and the additional work required in transcribing the reports into the record.

Two of the agencies used a separate medical sheet, upon which all health records were kept for the entire period of time the child remained in care. One agency used a separate medical record while the child remained in temporary placement, which also included items of the social investigation during this period. This medical record was closed when the child was placed permanently, and health items were then included in the visitors' written reports. One agency kept a medical sheet giving the records of physical examination and treatment, and also included these items in the child's running record.

Two agencies used a medical blank for the original physical examination with entries in regard to health carried in the running record. Two societies copied all health records into the child's running record, including reports from clinics and laboratories.

Mental examinations were referred to always in the child's case record and the report of the examination was filed with the correspondence or the medical record.

No uniformity in the methods used for the keeping of medical statistics existed and no comparable figures were available for the medical work done by the various societies.

The preventive clinic and the associated medical clinic kept complete statistical data for all medical work done in the examining clinics and also in outside hospitals and dispensaries.

It was necessary for those societies using outside medical agencies for their work to keep their own medical statistics, and as they were not always given complete reports as to diagnosis and treatment, it was difficult for them to do more than keep numerical count of the physical examinations, treatments, operations, hospital admissions, and nursing visits, combining these figures in various ways in their reports. Three agencies made medical reports including these figures. and another (the Jewish Home-Finding Society) gave in addition the medical diagnosis of all cases treated. Two agencies did not compile these figures or make any report of their medical work.

COST OF HEALTH WORK

The estimated expenditure for the health programs of the various agencies for 1923 varied from 1⅙ per cent of the total budget, which covered the very excellent health program of one society through the cooperation of a large dispensary, to 13⅔ per cent of the total budget, which represented the contribution of one agency to the maintenance of an examining clinic and child-study department. (For the estimated cost of health work in the various agencies see pp. 103, 111, 125, 135, 150, 159, 165, 175.)

Two of the agencies did not carry on their books a separate item for medical care, the expenditures usually appearing under this heading being distributed among the items of salaries, maintenance, etc.

It was not possible to make a comparison of the medical work done by the various societies upon the basis of cost, because the actual amount of money spent did not bear any relation to the volume of work done. Thousands of dollars worth of clinical service had been contributed without cost through the cooperation of outside clinics and dispensaries.

The contribution of the Children's Bureau of Philadelphia to the maintenance of the associated medical clinic bore no relation to the use made of the clinic by that society. The clinic was used not only by the other two cooperating societies (the Children's Aid Society of Pennsylvania and the Society for Prevention of Cruelty to Children) but was open also to other agencies of the city which did not contribute to its financial support. The contribution of the Children's Bureau of Philadelphia to the associated medical clinic represented five-eights of the clinic's budget, whereas less than one-fifth of the total work of the clinic was done for the children's bureau. The children's bureau made this contribution to the associated medical clinic as one of the special services which it rendered in the child-caring field of Philadelphia.

The cost of medical supervision to those agencies that maintained their own examining clinics was considerably higher than that of other agencies which received clinical service from outside agencies. On the other hand, this increased cost was offset by advantages to the agencies supporting their own clinics, such as centralization of medical responsibility (one person making all medical decisions); standardization of service and coordination of the medical and social work with consequent saving of time, complete records, and opportunity for medical consultation. It is to be remembered also that in these central examining clinics general standards of health supervision by child-placing agencies had been worked out.

The cost of mental service for those agencies that maintained a department of child study and psychiatry, whether on a full-time or part-time basis, added appreciably to the cost of the health program. It was felt, however, that this expenditure was more than justified by the assistance given by these departments in the interpretation of children and the treatment of problem cases.

CONCLUSIONS

The conclusions of this section of the report may be stated as follows:

One of the most important contributions to social work that a child-placing agency has to make is the careful supervision of the health of its children.

The child-placing agencies included in this study accepted their responsibility in the matter of health supervision and were working to strengthen their programs where weakness existed.

Medical supervision can be carried on most satisfactorily under the direction of a responsible medical head in a central examining clinic maintained exclusively for such work. The work of these examining clinics is facilitated where they are included in the organization of a general dispensary with a hospital connection.

By the expenditure of additional time and effort and by adapting its health policies to the facilities offered it is possible for a child-placing society to carry on an effective health program at minimum expense through the cooperation of medical agencies of the community.

In order that a health program may be carried out most effectively there must be the closest cooperation between the examining clinic and the child-placing agency.

Routine mental examinations for children coming under care and adequate service for the study of problem children were possible only for those agencies that financed their own service.

Careful and intelligent health supervision for children in foster homes is dependent upon an adequate staff of trained visitors.

Agencies accepting infants for care recognized their care as an added responsibility and met this responsibility by the employment of trained nurses to supervise the health of these infants.

It is possible for child-placing agencies to develop foster homes, with or without subsidy, prepared to receive and care for children presenting special health problems.

Adequate rates of board must be paid, with extra rates for special service, in order that children may be given the care and attention which they require.

Sufficient money and effort should be spent in investigating and developing foster homes in order that children may be spared the physical and mental strain of replacements necessary because of the use of foster homes with which the agencies are not properly acquainted.

CASE HISTORIES

The following cases illustrate the health problems of children placed in foster homes:

Jessie was 5 years old when placed by the St. Louis Children's Aid Society upon the application of the social-service department of the Children's Hospital. She had been admitted to the hospital with diphtheria when 8 months old, and had remained there as a diphtheria carrier for more than four years. Her father was dead, and while she was in the hospital she was deserted by her mother. During her illness a tracheotomy was performed, which necessitated the wearing of a silver tube in her throat. At the time she was placed by the society, this tube had to be removed and cleaned three times a day by the foster mother, and the child required careful supervision while eating because of her difficulty in swallowing due to the presence of the tube. She spoke in a peculiar husky voice, and at times could scarcely make herself understood, and she was subject to distressing fits of coughing. The society had had her in care for more than three years, her board being paid continuously by the same sponsor. During this time she had been under the observation of the hospital physicians and had been returned to the hospital several times for plastic operations. The surgeons expected to be able soon to close the opening in her throat permanently, so that she would be able to go without the tube. Jessie had developed normally, was well and happy, and enjoyed school and play. As soon as the operative treatment was completed, the society had arranged to place her with a stepgrandmother in another State, who was willing and able to provide her with a good home. During the three and one-half years she had been in care the child had been placed in but two homes, and was being boarded for $14 a month.

Robert, aged 2, of illegitimate birth, was placed by the St. Louis Children's Aid Society at the request of the social-service department of the Children's Hospital. The child was completely blind as the result of a pneumococcic infection of both eyes. He was placed in a foster home, where he was well cared for, his mother paying $20 a month for his board. He had been a very delicate infant, and had been given the closest medical supervision in an infant-welfare clinic. He had been in residence at the hospital three times and one eye had been removed. The other eye was to be operated upon later in the hope of restoring some degree of vision, but the prognosis was doubtful.

Joseph, aged 18 months, was suffering from an organic nerve disease, and was mentally defective. He cried almost continuously, and it was difficult to persuade him to take food. Eventually he would require institutional care. At the time of the study he was being given excellent care in a foster home of the St. Louis Children's Aid Society, at the rate of $18 a month, of which the mother paid $15.

Frank, aged 9 years, was placed by the St. Louis Children's Aid Society at the request of the social-service department of the Children's Hospital. He had been in the hospital for a number of months, during which time several plastic operations had been performed for the restoration of one side of his face, which had been blown off by a shotgun. His family, living in another part of the State, were poor and irresponsible and unable to provide him with a proper home between operations. At the time he was first placed by the society his appearance was very repulsive—one side of his face was lacerated, half of his nose was gone, and his mouth drawn to one side. He was in very poor physical condition generally. He was placed in a foster home, and at first was returned

to the hospital every other day to have his face dressed. He remained in the foster home two months and then another plastic operation was performed upon him. A month later he returned to his foster home and was entered in school and Sunday school. His general condition had improved greatly. He was taken to the hospital for another operation, and was returned to his foster home within a week or two. This boy was boarded at the rate of $25 a month.

Mary, aged 5, was placed by the Children's Mission to Children of Boston at the request of the social-service department of a hospital after an operation for fibrous ankylosis of the jaw. The hospital asked to have the child placed in order that the foster mother might see that the child took the prescribed exercises and wore the special apparatus which had been devised for spreading her jaw. It was necessary for her to wear this apparatus constantly except during the night and at meal time. Her own mother was careless and ignorant, and could not be impressed with the importance of carrying out the surgeon's instructions. The child was being treated in a dental clinic, to which she was returned frequently for observation.

Jennie was born in July, 1917. She was placed by the Boston Children's Aid Society. She had had a series of convulsions during the period September, 1918, to May, 1919. An X-ray picture taken in December, 1918, showed an enlarged thymus. In May, 1919, the child was admitted to the hospital because of frequent convulsions. Five X-ray treatments were given at intervals of five to seven days, and the child was discharged from the hospital in July, 1919. The thymus still showed some enlargement. After this treatment the child was much improved, but had several spells of cyanosis, and on May, 1920, after a convulsion, she was again given an X-ray treatment and another in September, 1920. In July, 1921, she showed no evidence of enlarged thymus, and had had no convulsions for 22 months.

William was 16 years of age at the time of the study. With a younger brother he came into care of the Detroit Children's Aid Society November 1, 1916, when 9 years old. His father had deserted the family and his mother had died of tuberculosis. William was sturdy and well, but had a congenital malformation of his lower legs, which were amputated November 2, 1916. He was using his third pair of artificial legs. The stumps continued to give trouble for two years, and a further amputation was necessary because of bone infection. For a year and a half he had had very little trouble, because he had learned to take care of the stumps and to know the kinds of exercise he could indulge in safely. He walked with a slight limp, swam well, rode a bicycle, and engaged in many activities, but could not take part in any game where running was required. He was bright and happy, and was well liked by his companions. He was being trained for office work. The expense of his first pair of artificial legs had been borne by a member of the board of directors, the second pair was furnished by a teacher of dancing who was interested in the boy's handicap, and the society had just met the expense of the third pair.

Elsie was born while her mother was a patient at a tuberculosis hospital. She was accepted for care by the Boston Children's Aid Society at the age of 4 months. At that time she weighed 7 pounds 2 ounces, was an undernourished, hypertonic baby, regurgitating practically all food. She was placed in a boarding home which had been used for nine years, during which time the foster mother had cared for 116 infants, most of them particularly difficult feeding cases. This baby was visited by both nurse and physician, at first practically every day. Her food formula was changed frequently, and she was given the closest supervision. After several months the baby appeared to be in excellent condition and weighed 11 pounds 4 ounces.

Albert, aged 16 years, an orphan, was placed by the Children's Mission to Children of Boston at the request of the social-service department of a general hospital. He had been in care two years. His expenses were met by a maternal aunt and uncle in another State. He was suffering from osteomyelitis of the femur and spontaneous dislocation of the left hip. At first this boy was in bed, but later he was up and about on crutches and was going to school. In addition, he was taking a course in cartoon drawing, for which he showed special aptitude. He was awaiting an operation on his hip, following which the surgeons believed he would be able to walk. While in care he had been under observation in the out-patient department and had been returned to the hospital several times for treatment. This boy was boarded originally for $9 a week; later for $6.50.

Edward, aged 9 years, had been in care of the Children's Mission to Children of Boston 27 months. His mother was dead, and his father paid his board of $7 a week. He had been placed upon application of the social-service department of a general hospital, where his case had been diagnosed as nephritis and double otitis media. This boy was under observation in the medical clinic of the hospital from which he came, and he also attended a posture clinic. While in care he had several attacks of acute illness, with nausea, high temperature, and delirium, followed by a discharge from both ears. His kidney condition was cured and he was ready to be returned to his father as soon as suitable arrangements could be made.

APPENDIXES

APPENDIX A.—GENERAL TABLES

GENERAL TABLE 1.—*Age when received of children under care of eight child-placing agencies during a six-month period*

Age when received	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	[1] 4,887	342	309	171	443	249	1,029	2,146	198
Under 6 months	698	60	14	2	42	40	398	111	31
6 months, under 1 year	229	32	8	2	13	22	64	67	21
1 year, under 2	353	27	25	8	18	36	67	149	23
2 years, under 3	344	15	17	10	14	24	50	194	20
3 years, under 4	306	13	19	9	25	18	41	165	16
4 years, under 5	277	12	16	22	24	10	39	146	8
5 years, under 6	324	18	21	10	29	15	47	176	8
6 years, under 7	361	23	16	15	43	14	52	191	7
7 years, under 8	323	12	20	8	41	9	53	174	6
8 years, under 9	337	20	26	14	36	13	45	170	13
9 years, under 10	292	11	26	11	30	6	37	162	9
10 years, under 11	256	25	19	13	34	10	26	121	8
11 years, under 12	216	12	18	13	21	7	23	111	11
12 years, under 13	168	17	12	11	23	3	18	83	1
13 years, under 14	143	10	16	9	19	7	14	58	10
14 years, under 15	99	14	13	7	13	8	15	27	2
15 years or over	91	19	22	6	8	5	9	18	4
Not reported	70	2	1	1	10	2	31	23	

[1] Includes 2,688 boys, 2,181 girls, and 18 children whose sex was not reported.

GENERAL TABLE 2.—*Person or agency from whom children under care of eight child-placing agencies were received during a six-month period*

Person or agency from whom received	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
Own family without surrender	1,458	236	173	146	49	212	425	104	63
Own family with surrender	400		34		69	1	286	7	3
Other relative	91	11	13	7	21	8	12	6	13
Other individual	111	5	9	1	62	5	11	6	12
Poor-law official	611		7				3	594	7
Committing court	1,712	14	10	8	203	14	253	1,202	8
Hospital	58	1		2	3		21	3	28
Private agency	304	4	38	1	13	2	5	196	45
Institution	68				10	7	10	23	18
Other	68	21	25	6	[1] 13			2	1
Not reported	6						3	3	

[1] Includes 12 juvenile-court cases without commitment.

GENERAL TABLE 3.—*Parental status when received of children under care of eight child-placing agencies during a six-month period*

Parental status when received	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
Parents living together in home	372	55	35	38	16	12	63	142	11
Mother head of family	929	42	55	24	137	55	160	437	19
Father working out of city	1	1							
Father dead	268	13	11	10	36	12	28	149	9
Father deserted	291	7	15	9	24	15	64	151	6
Parents divorced	54		13	1	2	10	17	10	1
Father in hospital	24	2		1	2	3	2	12	2
Father in insane hospital	6				5		1		
Father in correctional institution	71				19	4	10	38	
Father in almshouse	2							2	
Other	2						2		
Whereabouts of father not reported	210	19	16	3	49	11	36	75	1
Mother unmarried	798	63	30	4	29	47	369	211	45
Father head of family	1,088	126	85	55	77	82	169	425	70
Mother dead	566	59	39	33	54	37	65	254	25
Mother deserted	170	14	5	9	5	10	28	96	3
Parents divorced	17	4			2	1	8	2	
Mother in hospital	261	43	40	12	7	32	43	46	38
Mother in insane hospital or institution for feebleminded	5						2		3
Mother in correctional institution	16	1			1		3	10	1
Other	1						1		
Whereabouts of mother not reported	52	5	1	1	8	2	18	17	
Step-parental home	153	21	22	13	12	6	28	43	8
Father and stepmother	43	8	9	3	3		2	16	2
Mother and stepfather	78	12	12	8		3	22	17	4
Stepfather only	7			1			4	1	1
Stepmother only	15				6	3		6	
Not reported which parent in home	10	1	1	1	3			3	1
Not reported as to home	715	21	47	17	71	20	163	361	15
Parents divorced	46	2	10	3		1	24	4	2
Parents not living together	144	7	9	6	20	9	40	53	
Father dead	66		6	3	3		7	46	1
Mother dead	171	3	12	2	19	6	19	103	7
Father deserting	55	7	1	1	4	3	11	28	
Mother deserting	56		2	1	4		6	40	3
Father in correctional institution	14		1		5			8	
Mother in hospital or asylum	44		1		1	1	4	36	1
Mother in correctional institution	9							9	
Father in hospital	6							6	
Parental status not reported	104	2	5	1	15		52	28	1
No home	824	14	34	20	100	27	74	525	30
Both parents dead	223	8	14	13	32	11	16	122	7
Whereabouts of both unknown	3							3	
Both parents in institution	20				5		2	12	1
Both parents deserting	87		1		13		15	58	
Both parents in hospital	6		2			1	1	2	
Parents divorced	1						1		

GENERAL TABLE 3.—*Parental status when received of children under care of eight child-placing agencies during a six-month period*—Continued

Parental status when received	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
No home—Continued									
Father dead, mother deserting	32	2		1	5	1	6	15	2
Father dead, mother in hospital	23		4			1		15	3
Father dead, mother in institution	22		4		5			13	
Father deserting, mother in hospital	38	3	2			1	4	20	8
Father deserting, mother dead	98		5	2	15	4	11	59	2
Father deserting, mother in institution	8		1	1				5	1
Father in correctional institution, mother in hospital	14				4		1	8	1
Father in correctional institution, mother dead	32				4	4	7	17	
Father in correctional institution, mother deserting	8				4		1	3	
Father not reported, mother dead	35				1		2	29	3
Father not reported, mother in hospital	40				4		3	33	
Father not reported, mother in institution	20				3			16	1
Father not reported, mother deserting	2				1			1	
Father away working, mother in hospital	2			2					
Father in hospital, mother deserting	7					3		4	
Father in hospital, mother dead	4	1		1				2	
Foundling	99		1		4	1	4	88	1
Other	8		1		1		4	2	

GENERAL TABLE 4.—*Source of support of children under care of eight child-placing agencies during a six-month period*

Source of support	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Aid Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
No support	1,230	37	83	35	375	50	481	132	37
Support from:									
Parents	1,281	239	121	98	42	172	422	116	71
Other relatives	78	19	5	6	5	11	23	7	2
Other individual	40	6	11	3	1	5	5	8	1
Public agency	1,845	2	21	8	13		36	1,684	81
Private agency	246	18	43	5	6	6	33	129	6
Self	9	2	3	4					
Other	2	1					1		
More than one of above	123	18	22	12		3	12	56	
Not reported	33				1	2	16	14	

GENERAL TABLE 5.—*Number of replacements of children under care of eight child-placing agencies during a six-month period*

Number of replacements	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
None	1,075	80	122	58	113	74	322	202	104
1	928	64	43	33	141	50	237	322	38
2	664	59	28	23	50	50	130	298	26
3	574	47	36	12	53	23	97	292	14
4	385	28	20	12	26	11	59	224	5
5	309	19	11	11	25	21	47	168	7
6	248	14	5	5	11	9	36	166	2
7	193	10	9	8	9	5	23	128	1
8	117	7	8	2	4	2	15	79	
9	115	7	6	1	6	2	10	83	
10	65	1	4	3		1	15	40	1
11	45	3	2	2	2	1	6	29	
12	44	1	4		1		6	32	
13	36		1	1	1		5	28	
14	23	1	3		1		5	13	
15	17		2				5	10	
16	14	1	2				1	10	
17	8		2				4	2	
18	5						1	4	
19	1							1	
20	8		1				1	6	
21	2							2	
22	2							2	
23									
24	1							1	
25	1							1	
26	1							1	
Not reported	6						4	2	

GENERAL TABLE 6.—*Type of first placement of children under care of eight child-placing agencies during a six-month period*

Type of first placement	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
Boarding home	2,554	211	18	159	31	202	490	1,245	198
Receiving or temporary home	1,971	102	270	7	408		457	727	
Free home	275	18	20	3	2	13	56	163	
Free home with parents or relatives	22					11	11		
Institution	19	2				16	1		
Wage home	10	2		1		4		3	
Otherwise placed	6	2	1	1	1		1		
Wage boarding home	1					1			
Not reported	10					1	6	3	

GENERAL TABLE 7.—*Duration of first placement of children under care of eight child-placing agencies during a six-month period*

Duration of first placement	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
Less than 1 month	2,164	126	88	41	104	90	403	1,253	59
1 month, less than 2	801	49	42	15	118	45	210	293	29
2 months, less than 3	421	32	57	17	52	11	104	121	27
3 months, less than 4	261	18	31	12	47	20	65	60	8
4 months, less than 5	155	18	23	7	19	7	38	31	12
5 months, less than 6	143	16	24	3	25	8	35	22	10
6 months, less than 1 year	386	33	27	27	62	35	99	84	19
1 year, less than 2	232	22	5	25	13	21	40	82	24
2 years, less than 3	121	11	4	13	2	6	15	60	10
3 years, less than 4	53	8		2		1	2	40	
4 years, less than 5	30		2	5		4	3	16	
5 years, less than 6	19	1		2			3	13	
6 years, less than 7	21	4		2		1	2	12	
7 years, less than 8	14	1	1				4	8	
8 years, less than 9	11	1					1	9	
9 years, less than 10	3							3	
10 years or over	45	2	4		1		1	37	
Not reported	7		1				4	2	

GENERAL TABLE 8.—*Type of placement at discharge or at end of period of children under care of eight child-playing agencies during a six-month period*

Type of placement at discharge or at end of period	Wards of specified child-placing agencies								
	Total	Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	4,887	342	309	171	443	249	1,029	2,146	198
Discharged	815	74	89	47	69	75	227	176	58
Boarding home	371	41	3	30	9	20	128	85	55
Free home	178		5		18	34	47	71	3
Free home with parents or relatives	35	15	1	11	1	6	1		
Receiving or temporary home	156	3	71		38		44		
Wage home	19	2	1					16	
Wage boarding home	7		2	2				3	
Institution	16				1	15			
Hospital	12	2	2	2			6		
Adopted	4	4							
Convent	2				2				
Boarding school									
Otherwise placed	12	7	3	2					
Ran away	1		1						
Not reported	2						1	1	
Not discharged	4,072	268	220	124	374	174	802	1,970	140
Boarding home	2,046	182	62	82	47	97	319	1,127	130
Free home	1,362	14	58	10	188	44	370	669	9
Free home with parents or relatives	104	37	14	12	16	9	16		
Receiving or temporary home	186	5	44	2	79		56		
Wage home	134	6	4	6		5		112	1
Wage boarding home	79	5	14	3			2	55	
Institution	48				2	14	32		
Hospital	14	1	3	3		1	1	5	
Adopted	12	4	7				1		
Convent	17				16	1			
Boarding school	23				23				
Otherwise placed	34	14	13	5					
Ran away	5		1	1	3				
Not reported	8					1	5	2	

GENERAL TABLE 9.—*Disposition made of children discharged from care of eight child-placing agencies during a six-month period*

Disposition made of children discharged	Total	Wards of specified child-placing agencies							
		Boston Children's Aid Society	New England Home for Little Wanderers	Boston Children's Mission to Children	Florida Children's Home Society	St. Louis Children's Aid Society	Michigan Children's Aid Society	Pennsylvania Children's Aid Society	Philadelphia Children's Bureau
Total	815	74	89	47	69	75	227	176	58
Returned to own family	443	52	43	31	17	41	162	59	38
Placed with relatives	42	4	3	2	11	6	7	7	2
Adopted	87	5	1		14	2	45	19	1
Transferred to institution or agency	124	8	29	11	18	23	6	16	13
Of age	29		6	1				22	
Married	22	1	2	1	3	1		14	
Dead	10	1			2		2	2	3
Self-supporting	5	2	1	1	1				
Ran away	1				1				
Other	48	1	3		2	2	2	37	1
Not reported	4		1				3		

APPENDIX B—THE CHURCH HOME SOCIETY OF MASSACHUSETTS AND THE DETROIT CHILDREN'S AID SOCIETY

THE CHURCH HOME SOCIETY

The Church Home Society was founded in 1855 and incorporated in 1858, with institutional care of dependent children as its principal work. In 1913 its institution was closed, and child placing began to be the main feature of its work. In 1916 the name of the society was changed to the Church Home Society for the Care of Children of the Protestant Episcopal Church. The society was a state-wide organization, but as it had no branch offices it mainly served a territory within a radius of 40 to 50 miles of Boston. Within the State, however, it held the responsibility of caring for all children of Episcopal parentage who would come under the care of a private agency. The society received such children from infancy to 21 years of age (a few girls over this age, mostly unmarried mothers, were received), with no limitation regarding sex, race, or nationality. Definitely feeble-minded children, those with active tuberculosis, and children needing bed care after discharge from a hospital were not received; children with venereal diseases were received for care in foster homes. The society specialized in children suitable for placement in foster homes.

The managing board consisted of 21 members elected by the society and was self-perpetuating; the president and honorary vice presidents were the bishops of Massachusetts and of Western Massachusetts. The board held monthly meetings. The society had an executive committee, a committee on appeals, a case committee, a nominating committee, and an auditing committee.

The staff consisted of the general secretary, a supervisor of case work, an investigator, one home finder, three visitors, including a trained nurse, two stenographers, a bookkeeper, a general and an assistant clerk. For its health work the society employed in addition to the trained nurse, who had under her supervision all infants and children presenting health problems, a psychiatrist, who gave two mornings a week to the society, and the staff of the preventive clinic of the Boston Dispensary, which was maintained in part by the Church Home Society.

About half the support of the society was obtained from income on investments and contributions from individuals and churches, one-fourth from reimbursements of relatives or other persons for the care of children, and one-fourth from diocesan funds. At the time of the study the society paid one-third of the expenses of the staff of the preventive clinic.

The society did not use a receiving home, but used two subsidized homes for emergency or temporary placements. Only foster homes in which the foster parents were of the Episcopal faith were used by the society; each child was required to sleep in a separate bed, although in some instances two children were allowed to sleep in the same room. It was the policy of the society to place brothers and sisters in the same home, irrespective of the number; however, with few exceptions it did not place more than two unrelated children in one home. Detached homes in the suburbs were preferred for placement, and in placing babies it was required that there be a porch or some arrangement for sleeping in the open air. In placing a child, first consideration was given to any health or behavior problem and the recommendation of the clinic physician or psychiatrist was followed as closely as possible. The foster mothers were instructed in the care of children by the nurse, the visitors, and by means of printed slips on diet, rest, and general hygiene. On May 1, 1923, about 150 children were in care of the society, averaging about 40 children to a visitor. No fixed rule was made with regard to frequency of visits, but each case was decided according to the individual needs. The trained nurse supervised the babies in their foster homes and also found homes for them.

The usual rate of board for babies under 2 years of age was $5 a week; the maximum rate paid was $7. If the society took a child into care it would pay what was necessary for proper care, but the highest rate that it had ever had to pay for any child was $10.

Physical examinations were made of every child received for care by the society at the preventive clinic of the Boston Dispensary by the clinic physician, except for boys over 12 who were examined by the house physician of the dispensary. Girls requiring gynecological examinations were examined by a woman physician who was prepared to give expert testimony in court if necessary. Mental examinations were given every child received for care who was 5 years of age or over, or to younger children if a need was indicated. Corrective work and special treatment were made through the Boston Dispensary, and hospitalization was obtained through the children's hospital of the dispensary for children under 13 years of age. Children over that age were sent to other hospitals in Boston. Each child was reexamined six months after his entrance examination or sooner depending upon the recommendation of the clinic physician.

The health work of the society cost considerably more than that of many other agencies, but it was considered as correspondingly effective. The total expenditures for the year 1922 amounted to $64,120.47, of which $3,675.48 was expended for health work.

THE DETROIT CHILDREN'S AID SOCIETY

The Detroit Children's Aid Society functioned as one with the Detroit branch of the Michigan Children's Aid Society, the general secretary of the Detroit society acting as the branch secretary for the State society. The Detroit society took care of children 3 years of age and over received for care, and the branch office of the State society took care of children under 3 years of age. The Detroit society investigated, adjusted, and placed non-Catholic and non-Jewish children in Detroit and adjacent territory, with no limitation as to sex, race, or nationality.

The board of managers, consisting of 39 members, served for both societies. The society had a case committee, a foster-homes committee, an executive committee, and a clothing committee. The staff consisted of the general secretary and 33 members. As for the other child-caring societies in Detroit, three trained nurses were assigned for full-time duty with the society by the Visiting Nurse Association, the association paying their salary but having no supervision of their work. In addition to the three nurses seven visitors were engaged in the supervising of children in their foster homes, and a medical worker had charge of all children placed in special homes for corrective work or treatment. On the health staff of the society also was a medical supervisor, who was pediatrician on the staff of the Woman's Hospital and Infant's Home and for the out-patient department of Harper Hospital.

The society was a member of the Detroit Community Union, which made up its operating budget.

The agency had no receiving home, but used three subsidized homes, in which it placed children coming into care until they had been examined physically and until they were ready for permanent placement. In selecting foster homes special attention was paid to sanitation, source of water supply, light, and ventilation. Very few homes were used unless they had a yard or porch. It was not required that children sleep alone, but children of different sexes were not permitted to sleep in the same room and children were not allowed to sleep with adults. More than four unrelated children were never placed in one home, but effort was made to keep children of the same family together. Each child was placed in a home most nearly approaching the requirements of the individual child as to both health and behavior, and the recommendation of the clinic physician was followed closely. The foster mothers were instructed in the care of children by the visitors, and a monthly letter emphasizing some special problem of child care was sent to all boarding-home foster mothers. The usual rate of board paid by the society was $4 a week. In the subsidized home a rate of $5 was paid, and where special diet or extra care was required a higher rate—$6 or $7—was paid.

Children coming into care of the society were given a physical examination in the pediatric clinic or the medical clinic of the out-patient department of the Harper Hospital by the clinic physician. Mental examinations were not routine but were given to children who showed school retardation, those presenting behavior problems, those showing unusual ability, and all children to be placed for adoption. The mental examinations were made at the agency office by a psychiatrist who volunteered his services a half day each week. The psychiatrist at the juvenile court examined all court cases. The medical worker was responsible for seeing that all corrective work and special treatment were carried out. Such work was usually done at the Harper Hospital Dispensary or in the Harper Hospital, except dental work, which was done at the dental clinic at the society's central office. Children requiring long-time hospital care were sent to the University Hospital at Ann Arbor. No relation existed between the cost of medical work and the amount of work done by the society, as the salaries of the trained nurses were paid by the Visiting Nurse Association and free medical treatment was given all children of the society by the Harper Hospital Dispensary. As these agencies all belonged to the Detroit Community Union, the cost of work was borne ultimately by the community which contributed the funds to the union.

The Detroit Children's Aid Society used as a central office a separate building that belonged to the Home of the Friendless. A nursery and play room on the second floor of the building was in charge of a matron. Children when first taken into care were brought to the central office and were bathed and outfitted with new clothing before placement. The clinic rooms on the second floor were large and well lighted.

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